

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001600

FILED
Mar 28, 2011
Secretary of State

Entity Name: PERKINELMER HEALTH SCIENCES, INC.

Current Principal Place of Business:

940 WINTER STREET
WALTHAM, MA 024511457 US

New Principal Place of Business:

Current Mailing Address:

940 WINTER STREET
ATTN: MS. J. PEARL
WALTHAM, MA 024511457 US

New Mailing Address:

FEI Number: 04-3361624 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP
Name: LETCHER, JOHN
Address: 940 WINTER STREET
City-St-Zip: WALTHAM, MA 024511457 US

Title: P
Name: FRIEL, ROBERT F
Address: 940 WINTER STREET
City-St-Zip: WALTHAM, MA 024511457 US

Title: DVPS
Name: HEALY, JOHN L
Address: 940 WINTER STREET
City-St-Zip: WALTHAM, MA 024511457 US

Title: VP
Name: ADAMS, DREW C
Address: 940 WINTER STREET
City-St-Zip: WALTHAM, MA 024511457 US

Title: VP
Name: EPLEN, RICHARD
Address: 940 WINTER STREET
City-St-Zip: WALTHAM, MA 024511457 US

Title: DTVP
Name: FRANCISCO, DAVID C
Address: 940 WINTER STREET
City-St-Zip: WALTHAM, MA 024511457 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN L. HEALY

_____ Electronic Signature of Signing Officer or Director

DVPS

03/28/2011

_____ Date