

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED

03 OCT 16 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *F01000001600*

1. Entity Name
PERKINELMER LAS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
549 ALBANY STREET
Suite, Apt. #, etc.

3. Mailing Address
649 ALBANY STREET
Suite, Apt. #, etc.

City & State
BOSTON, MA

City & State
BOSTON, MA

Zip
02118

Country
USA

Zip
02118

Country
USA

4. FEI Number
043361624

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City
PLANTATION

FL Zip Code
33324

8. 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. I am familiar with, and accept the obligations of registered agent.

Jonnie Bryan
SIGNATURE

JONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

10/15/03

Minimum Investment in Florida: \$500
Annual Report Fee: \$355
Annual UBR Fee: \$61
Minimum Cash Payment to Florida Department of State

9. Election Campaign Financing
Trust Funds Contribution. \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PLEASE SEE ATTACHED	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.07(2)(f), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registrant; or business development is seeking this report as required by Chapter 607, Florida Statutes; and that my name appears in block 10 or on an attachment with an address, with all other like empowerment.

SIGNATURE: *John Healy* John Healy, Ast. Secretary 10/11/03 781-237-5100

REINSTATEMENT *03*

DO NOT WRITE IN THIS SPACE

CR21-0348 (12/02)

PerkinElmer LAS, Inc.

Officers and Directors

OFFICER/DIRECTOR	ADDRESS
Jeffrey D. Capello Assistant Treasurer	45 William Street Wellesley, MA 02481-4078
Terrance L. Carlson Vice President and Director	45 William Street Wellesley, MA 02481-4078
Peter B. Coggins President	549 Albany Street Boston, MA 02118
David C. Francisco Assistant Treasurer	45 William Street Wellesley, MA 02481-4078
Robert F. Friel Vice President and Director	45 William Street Wellesley, MA 02481-4078
John L. Healy Assistant Secretary and Director	45 William Street Wellesley, MA 02481-4078
Kenneth L. Horton Vice President and Secretary	549 Albany Street Boston, MA 02118
John Letcher Vice President	549 Albany Street Boston, MA 02118
Douglas S. Prince Vice President and Treasurer	549 Albany Street Boston, MA 02118
Stephen P. Stone Assistant Secretary	710 Bridgeport Avenue Shelton, CT 06484
Robert S. Wylie Vice President	45 William Street Wellesley, MA 02481-4078

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000297375 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

CORPORATION REINSTATEMENT

PERKINELMER LAS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$750.00

Electronic Filing Menu

Corporate Filing

Public Access Help