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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
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FOREIGN PROFIT/NONPROFIT CORPORATION

PerkinElmer Genetics, Inc.

Certificate of Status	0
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DIVISION OF CORPORATION

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2008 MAY -2 AM10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 05 2007

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. PerkinElmer Genetics, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania

(State or country under the law of which it is incorporated)

3. 25-1645804

(FEI number, if applicable)

4. 12/12/1990

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 90 Emerson Lane, Bridgeville, PA 15017

(Principal office address)

940 Winter Street, ATTN: J. Pearl, Waltham, MA 02451

(Current mailing address)

8. SEE ATTACHMENT

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: _____

(Registered agent's signature)

LAUREN H. KREAZ

SPECIAL ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAY -2 AM 10:18

FILED

Attachment to Florida

Purpose Clause

This corporation is formed to engage in any lawful act or activity for which a corporation may be organized under the state business corporation laws.

Officers & Directors

- | | | |
|---|-------------------|-----------------------|
| 1 | Full Name: | John Letcher |
| | Officer/Director: | Officer |
| | Officer's Title: | Vice President |
| | Director's Title: | |
| | Business Address: | 940 Winter Street |
| | City: | Waltham |
| | State: | MA |
| | ZIP Code: | 02451 |
| 2 | Full Name: | Edward R. Schleper |
| | Officer/Director: | Officer |
| | Officer's Title: | Vice President |
| | Director's Title: | |
| | Business Address: | 940 Winter Street |
| | City: | Waltham |
| | State: | MA |
| | ZIP Code: | 02451 |
| 3 | Full Name: | William Slimak |
| | Officer/Director: | Officer |
| | Officer's Title: | Vice President |
| | Director's Title: | |
| | Business Address: | 90 Emerson Lane |
| | City: | Bridgeville |
| | State: | PA |
| | ZIP Code: | 15017 |
| 4 | Full Name: | Kristina F. Keegan |
| | Officer/Director: | Officer |
| | Officer's Title: | Assistant Secretary |
| | Director's Title: | |
| | Business Address: | 710 Bridgeport Avenue |
| | City: | Shelton |
| | State: | CT |

	ZIP Code:	06484
5	Full Name:	Kevin A. Oliver
	Officer/Director:	Officer
	Officer's Title:	Assistant Secretary
	Director's Title:	
	Business Address:	940 Winter Street
	City:	Waltham
	State:	MA
	ZIP Code:	02451
6	Full Name:	John L. Healy
	Officer/Director:	Officer, Director
	Officer's Title:	Vice President
	Director's Title:	Director
	Business Address:	940 Winter Street
	City:	Waltham
	State:	MA
	ZIP Code:	02451
7	Full Name:	Steven J. Delahunt
	Officer/Director:	Officer, Director
	Officer's Title:	Treasurer
	Director's Title:	Director
	Business Address:	940 Winter Street
	City:	Waltham
	State:	MA
	ZIP Code:	02451
8	Full Name:	John L. Healy
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	940 Winter Street
	City:	Waltham
	State:	MA
	ZIP Code:	02451
9	Full Name:	Steven J. Delahunt
	Officer/Director:	Director

Officer's Title:

Director's Title:

Business Address:

City:

State:

ZIP Code:

Director

940 Winter Street

Waltham

MA

02451

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

APRIL 22, 2008

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PERKINELMER GENETICS, INC.

**is duly incorporated under the laws of the Commonwealth of Pennsylvania and
remains a subsisting corporation so far as the records of this office show, as of
the date herein.**



**IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.**

Recha A. Curtis

Secretary of the Commonwealth

Certification Number: 7343181-1

Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>