2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# F08000001993

Entity Name: PERKINELMER GENETICS, INC.

Current Principal Place of Business:

90 EMERSON LANE
BRIDGEVILLE, PA 15017

New Principal Place of Business:

Current Mailing Address:

940 WINTER STREET
ATTN: J. PEARL
WALTHAM, MA 02451

New Mailing Address:

FEI Number: 25-1645804 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVPS ( ) Delete
Name: HEALY, JOHN L
Address: 940 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: DT ( ) Delete
Name: DELAHUNT, STEVEN J
Address: 940 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: P ( ) Delete
Name: FRIEL, ROBERT F
Address: 940 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: VP ( ) Delete
Name: SCHLEPER, EDWARD R
Address: 940 WINTER STREET
City-St-Zip: WALTHAM, PA 02451

Title: VP ( ) Delete
Name: SLIMAK, WILLIAM
Address: 90 EMERSON LANE
City-St-Zip: BRIDGEVILLE, PA 15017

Title: AS ( ) Delete
Name: KEEGAN, KRISTINA F
Address: 710 BRIDGEPORT AVE
City-St-Zip: SHELTON, CT 06484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: FRANCISCO, DAVID C
Address: 940 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPAS (X) Change ( ) Addition
Name: POTTHOFF, MARY E
Address: 940 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN L. HEALY DVPS 04/10/2009

Electronic Signature of Signing Officer or Director — Date