FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90054 023 ***150.00

DOCUMENT # F98000000872

1. Entity Name: Thermo Labsystems Inc.

DO NOT WRITE IN THIS SPACE

653278

2. Principal Place of Business: 8 E Forge Pkwy	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Franklin MA	City & State
Zip: 02038 / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-3199207 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.
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

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President/Chair
NAME	Barry S Howe
STREET ADDRESS	8 E Forge Pkwy
CITY-ST-ZIP	Franklin MA 02038
TITLE	Treasurer
NAME	Kenneth J Apicerno
STREET ADDRESS	81 Wyman Street
CITY-ST-ZIP	Waltham, MA 02454
TITLE	Secretary
NAME	Seth Hoogasian
STREET ADDRESS	81 Wyman Street
CITY-ST-ZIP	Waltham MA 02454
TITLE	Asst. Secretary
NAME	Robert V Aghababian
STREET ADDRESS	81 Wyman Street
CITY-ST-ZIP	Waltham MA 02454
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Robert V Aghababian 4-26-02 781-622-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #