

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 837111

**FILED**  
**Jan 22, 2019**  
**Secretary of State**  
**1962832185CC**

**Entity Name:** VARIAN MEDICAL SYSTEMS, INC.

**Current Principal Place of Business:**

3100 HANSEN WAY  
PALO ALTO, CA 94304

**Current Mailing Address:**

3100 HANSEN WAY  
PALO ALTO, CA 94304 US

**FEI Number:** 94-2359345

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title CFO  
Name BISCHOPING, GARY E JR.  
Address 3100 HANSEN WAY  
City-State-Zip: PALO ALTO CA 94304

Title SECRETARY  
Name KUO, JOHN W  
Address 3100 HANSEN WAY  
City-State-Zip: PALO ALTO CA 94304

Title AS  
Name POLLARD, BRIAN  
Address 3100 HANSEN WAY  
City-State-Zip: PALO ALTO CA 94304

Title DIRECTOR  
Name ASHKENAZI, ANAT  
Address 3100 HANSEN WAY  
City-State-Zip: PALO ALTO CA 94304

Title PRESIDENT  
Name WILSON, DOW  
Address 3100 HANSEN WAY  
City-State-Zip: PALO ALTO CA 94304

Title TREASURER  
Name MAHESHWARI, ANSHUL  
Address 3100 HANSEN WAY  
City-State-Zip: PALO ALTO CA 94304

*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:** BRIAN A. POLLARD

**ASSISTANT SECRETARY** 01/22/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date