# 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837111

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

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

Date

Certificate of Status Desired: No

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

## **Officer/Director Detail :**

• • • • • • • • • • • • • • • • • • • •			
Title	VPC	Title	GCS
Name	FINNEY, ELISHA W	Name	KUO, JOHN W
Address	3100 HANSEN WAY	Address	3100 HANSEN WAY
City-State-Zip:	PALO ALTO CA 94304	City-State-Zip:	PALO ALTO CA 94304
Title	AS	Title	D
THE	A5	THE	D
Name	POLLARD, BRIAN	Name	MARTIN, DAVID W
Address	3100 HANSEN WAY	Address	281 CHESTNUT STREET
City-State-Zip:	PALO ALTO CA 94304	City-State-Zip:	SAN FRANCISCO CA 94111
Title	D	Title	CEO
Name	BROWN, JOHN S	Name	WILSON, DOW R
Address	3333 COYOTE HILL ROAD	Address	3100 HANSEN WAY
City-State-Zip:	PALO ALTO CA 94303	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 POLLARD

SECRETARY OF STATE 04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date