

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 15, 2016
Secretary of State
CC1947917015

Entity Name: PERKINELMER HEALTH SCIENCES, INC.

Current Principal Place of Business:

940 WINTER STREET
WALTHAM, MA 02451-1457

Current Mailing Address:

940 WINTER STREET
ATTN: MS. J. PEARL
WALTHAM, MA 02451-1457 US

FEI Number: 04-3361624

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 VP
Name SCHOENBRUNNER, ERHARD RALF
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451-1457

Title PRESIDENT
Name GOLDBERG, JOEL S
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451-1457

Title DIRECTOR, VP, SECRETARY
Name HEALY, JOHN L
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451-1457

Title VP
Name ADAMS, DREW C
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451-1457

Title DIRECTOR, TREASURER, VP
Name FRANCISCO, DAVID C
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451-1457

Title ASSISTANT SECRETARY
Name BAL, BRUCE
Address 68 ELM STREET
City-State-Zip: HOPKINTON MA 01748

Title VP
Name CORBETT, JAMES
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451-1457

Title VP
Name PANTAZI, DAVID E.
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451-1457

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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: JOHN L. HEALY

VP & SECRETARY

04/15/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name OLIVER, KEVIN A
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451-1457

Title VP
Name KUCKEWICH-TAYLOR, KAY A.
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451-1457

Title ASST. TREASURER
Name ABORN, CHRISTOPHER G.
Address 940 WINTER STREET
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Title ASST. SECRETARY
Name ALBRECHT, JUDITH A
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City-State-Zip: SHELTON CT 06484-4794

Title ASST. SECRETARY
Name STONE, STEPHEN P.
Address 710 BRIDGEPORT AVE
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Title VP
Name DENNEWITZ, LEEANN L.
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City-State-Zip: HOCKESSIN DE 19707

Title VP
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Title ASST. SECRETARY
Name SHOJI-SINKUS, DEBRA K.
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Title VP
Name DIVINCENZO, JONATHAN P.
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Title ASSISTANT SECRETARY
Name LEVIN, JONATHAN
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Title VP

Title VP, ASST. SECRETARY
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Title ASST. SECRETARY
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Name YARED, WAEL
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Title VP
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Title ASSISTANT SECRETARY
Name KURACINA, MARCUS J.
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City-State-Zip: WALTHAM MA 02451-1457

Title ASST. SECRETARY
Name CATALANO, DIANA M.
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Title VP
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Title ASSISTANT SECRETARY
Name MCCANN, AMY E.
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