

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001600

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

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

Title VP, ASST. SECRETARY
Name POTTHOFF, MARY 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

SECRETARY

04/26/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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
City-State-Zip: WALTHAM MA 02451-1457

Title VP
Name KEEGAN, KRISTINA F
Address 710 BRIDGEPORT AVE
City-State-Zip: SHELTON CT 06484-4794

Title VP
Name FLETCHER, ALAN
Address 68 ELM STREET
City-State-Zip: HOPKINTON MA 01748

Title ASST. SECRETARY
Name HURLEY, LISA A.
Address 68 ELM STREET
City-State-Zip: HOPKINTON MA 01748

Title VP
Name MADDEN, KAREN
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Title VP
Name FLANNELLY, DENNIS M.
Address 940 WINTER STREET
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Title VP
Name RAIMOND, CARL S. III
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Title ASST. SECRETARY
Name DIVITO, MICHAEL P.
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Title VP
Name MASOUD , TOLOUE
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Title ASSISTANT TREASURER

Title ASST. SECRETARY
Name THOMAS, JENNIFER V.
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Title ASST. SECRETARY
Name STONE, STEPHEN P.
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Title VP
Name DENNEWITZ, LEEANN L.
Address 402 REGENCY COURT
City-State-Zip: HOCKESSIN DE 19707

Title ASST. SECRETARY
Name SHOJI-SINKUS, DEBRA K.
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Title ASSISTANT SECRETARY
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Name WOODS, BRANDON
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Title VP
Name MARTINEZ, FELIX N.
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Title ASSISTANT SECRETARY
Name HARRINGTON, KAREN A.
Address 710 BRIDGEPORT AVENUE

Name RESENDES, MANUEL
Address 710 BRIDGEPORT AVENUE
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