

2023 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 THOMAS, JENNY L.
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451

Title VP
Name VILDZIUS, GINTAS I.
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451

Title VP
Name KOTHANDARAMAN, ARVIND
Address 7050 BURLESON RD
City-State-Zip: AUSTIN TX 78744

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

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

Title TREASURER, VP, DIRECTOR
Name OKUN, ANDREW
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
Name MARTINEZ, FELIX N.
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

03/03/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name LESOWITZ, JACQUELINE
Address 710 BRIDGEPORT AVE.
City-State-Zip: SHELTON CT 06484

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

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

Title VP
Name LUCK, JOHN S.
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451-1457

Title VP
Name DENNEWITZ, LEEANN L.
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451-1457

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