

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001600

FILED
Apr 28, 2014
Secretary of State
CC3919448436

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 LETCHER, JOHN
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451-1457

Title PRESIDENT
Name FRIEL, ROBERT F
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 VP
Name CORBETT, JAMES
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 BAL, BRUCE
Address 68 ELM STREET
City-State-Zip: HOPKINTON MA 01748

Title VP
Name GOLDBERG, JOEL S
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

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name MARSHAK, DANIEL R.
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451-1457

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

Title ASST. SECRETARY
Name HOUDE, REBECCA L.
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451-1457

Title ASST. TREASURER
Name BOEHK, CHRISTIAN
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451-1457

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

Title ASST. SECRETARY
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 VP
Name GRIFFITH , JOSEPH H. IV
Address 68 ELM STREET
City-State-Zip: HOPKINTON MA 01748

Title VP
Name DENNEWITZ, LEEANN L.
Address 402 REGENCY COURT
City-State-Zip: HOCKESSIN DE 19707

Title VP
Name KRUKA, WILL
Address 850 MARINA VILLAGE PARKWAY
City-State-Zip: ALAMEDA CA 94501

Title VP

Title VP
Name PANTAZI, DAVID E.
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

Title ASST. SECRETARY
Name MURPHY, SONYA R.
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451-1457

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

Title ASST. SECRETARY
Name ALBRECHT, JUDITH A
Address 710 BRIDGEPORT AVE
City-State-Zip: SHELTON CT 06484-4794

Title ASST. SECRETARY
Name STONE, STEPHEN P.
Address 710 BRIDGEPORT AVE
City-State-Zip: SHELTON CT 06484-4794

Title VP
Name COSPER, NATHANIEL J.
Address 68 ELM STREET
City-State-Zip: HOPKINTON MA 01748

Title VP
Name SZTUKOWSKI, EDWARD F
Address 245 FIRST STREET
City-State-Zip: CAMBRIDGE MA 02142

Title VP
Name HUDACH, DARREN C.
Address 520 SOUTH MAIN ST.SUITE 2423
City-State-Zip: AKRON OH 44311

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

Title ASST. SECRETARY
Name DAUERTY, DANIEL J.
Address 710 BRIDGEPORT AVENUE

Name TENNEY, MAURICE H.
Address 710 BRIDGEPORT AVENUE
City-State-Zip: SHELTON CT 06484

Title ASST. SECRETARY
Name DAVIS, NATHANAEL M.
Address 68 ELM STREET
City-State-Zip: HOPKINTON MA 01748

Title ASST. SECRETARY
Name SHOJI-SINKUS, DEBRA K.
Address 68 ELM STREET
City-State-Zip: HOPKINTON MA 01748

Title VP
Name DIVINCENZO, JONATHAN P.
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451-1457

Title VP
Name WRAY, LARRY K.
Address 940 WINTER STREET
City-State-Zip: WALTHAM MA 02451-1457

City-State-Zip: SHELTON CT 06484

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

Title VP
Name YARED, WAEL
Address 549 ALBANY STREET
City-State-Zip: BOSTON MA 02118

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

Title ASSISTANT SECRETARY
Name DAVIS, NATHANAEL M.
Address 68 ELM STREET
City-State-Zip: HOPKINTON MA 01748