

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000000163

**Entity Name:** SUROS SURGICAL SYSTEMS, INC.

**Current Principal Place of Business:**

250 CAMPUS DRIVE  
MARLBOROUGH, MA 01752

**Current Mailing Address:**

250 CAMPUS DRIVE  
MARLBOROUGH, MA 01752 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CT 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, ASSISTANT TREASURER  
Name RANA, SARAH A.  
Address 250 CAMPUS DRIVE  
City-State-Zip: MARLBOROUGH MA 01752

Title PRESIDENT  
Name GRIFFIN, JOHN M.  
Address 250 CAMPUS DRIVE  
City-State-Zip: MARLBOROUGH MA 01752

Title DIRECTOR  
Name OBERTON, KARLEEN M.  
Address 250 CAMPUS DRIVE  
City-State-Zip: MARLBOROUGH MA 01752

Title DIRECTOR  
Name LERNER, MARCI J.  
Address 250 CAMPUS DRIVE  
City-State-Zip: MARLBOROUGH MA 01752

Title SECRETARY  
Name DOLAN, PATRICIA K.  
Address 250 CAMPUS DRIVE  
City-State-Zip: MARLBOROUGH MA 01752

Title VP, TREASURER  
Name LERNER, MARCI J.  
Address 250 CAMPUS DRIVE  
City-State-Zip: MARLBOROUGH MA 01752

Title DIRECTOR  
Name DOLAN, PATRICIA K.  
Address 250 CAMPUS DRIVE  
City-State-Zip: MARLBOROUGH MA 01752

Title VP, ASSISTANT TREASURER  
Name OBERTON, KARLEEN M.  
Address 250 CAMPUS DRIVE  
City-State-Zip: MARLBOROUGH MA 01752

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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:** PATRICIA K. DOLAN

**SECRETARY**

**04/03/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP, ASSISTANT SECRETARY  
Name LIDDY, ANNE M.  
Address 250 CAMPUS DRIVE  
City-State-Zip: MARLBOROUGH MA 01752

Title VP  
Name DOLAN, PATRICIA K.  
Address 250 CAMPUS DRIVE  
City-State-Zip: MARLBOROUGH MA 01752