

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003144

**FILED**  
**Jan 09, 2023**  
**Secretary of State**  
**7022433780CC**

**Entity Name:** CANON MEDICAL RESEARCH USA, INC.

**Current Principal Place of Business:**

706 N DEERPATH DRIVE  
VERNON HILLS, IL 60061

**Current Mailing Address:**

2441 MICHELLE DR  
TUSTIN, CA 92780 US

**FEI Number: 56-2594344**

**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           PRESIDENT  
Name           MATHER, RICH  
Address        706 N DEERPATH DRIVE  
City-State-Zip: VERNON HILLS IL 60061

Title           SENIOR VICE PRESIDENT,  
                  CONTROLLER  
Name           PATTERSON, JOHN  
Address        2441 MICHELLE DR  
City-State-Zip: TUSTIN CA 92780

Title           VP/SECRETARY  
Name           JENNIFER, ROBERTSON  
Address        706 N DEERPATH DRIVE  
City-State-Zip: VERNON HILLS IL 60061

Title           DIRECTOR  
Name           TAGUCHI, WATARU  
Address        1385, SHIMOISHIGAMI, OTAWARA  
                  TOCHIGI PREFECTURE  
City-State-Zip: JAPAN OC

Title           DIRECTOR  
Name           TAKADA, YOICHI  
Address        1385, SHIMOISHIGAMI, OTAWARA  
                  TOCHIGI PREFECTURE  
City-State-Zip: JAPAN OC

Title           DIRECTOR  
Name           KOGA, AKIHIRO  
Address        1385, SHIMOISHIGAMI, OTAWARA  
                  TOCHIGI PREFECT  
City-State-Zip: JAPAN OC

*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 PATTERSON**

**SVP/CFO**

**01/09/2023**

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

\_\_\_\_\_  
Date