

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003144

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

**Current Principal Place of Business:**

706 N DEERPATH DRIVE  
VERNON HILLS, IL 60061

**FILED**  
**Mar 01, 2021**  
**Secretary of State**  
**6339399926CC**

**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            SASAKI, NAOKI  
Address        1385, SHIMOISHIGAMI, OTAWARA  
                  TOCHIGI PREFECTURE  
City-State-Zip: JAPAN OC

Title            DIRECTOR  
Name            TAKADA, YOICHI  
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**

**03/01/2021**

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

\_\_\_\_\_  
Date