

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002540

Entity Name: MEVION MEDICAL SYSTEMS, INC.**Current Principal Place of Business:**300 FOSTER STREET
LITTLETON, MA 01460**Current Mailing Address:**300 FOSTER STREET
LITTLETON, MA 01460 US**FEI Number:** 20-0794350**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 CEO, PRESIDENT
Name JACHINOWSKI, JOSEPH K
Address 300 FOSTER STREET
City-State-Zip: LITTLETON MA 01460

Title CFO, VP
Name MELSON, DONALD B
Address 300 FOSTER STREET
City-State-Zip: LITTLETON MA 01460

Title SECRETARY
Name BLOOM, MITCHELL S
Address GOODWIN PROCTOR LLP, 53 STATE STREET
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name BUCKLEY, STEPHEN
Address 300 FOSTER STREET
City-State-Zip: LITTLETON MA 01460

Title DIRECTOR
Name MOORIN, JAY
Address 300 FOSTER STREET
City-State-Zip: LITTLETON MA 01460

Title DIRECTOR
Name VOLCKER, PAUL
Address 300 FOSTER STREET
City-State-Zip: LITTLETON MA 01460

Title DIRECTOR
Name GREENBERG, MYLES D
Address 300 FOSTER STREET
City-State-Zip: LITTLETON MA 01460

Title DIRECTOR
Name HOVE, ANDERS
Address 300 FOSTER STREET
City-State-Zip: LITTLETON MA 01460

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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: DONALD B. MELSON**CHIEF FINANCIAL
OFFICER, VICE
PRESIDENT****04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name D'ANGELO, PETER P
Address 300 FOSTER STREET
City-State-Zip: LITTLETON MA 01460

Title DIRECTOR
Name WILSON, ROBERT
Address 300 FOSTER STREET
City-State-Zip: LITTLETON MA 01460