

**2016 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  
Name JACHINOWSKI, JOSEPH  
Address 300 FOSTER STREET  
City-State-Zip: LITTLETON MA 01460

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

Title S  
Name DAVIS, PATRICIA  
Address 300 FOSTER STREET  
City-State-Zip: LITTLETON MA 01460

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

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

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

Title D  
Name TIAN, LAWRENCE  
Address 300 FOSTER STREET  
City-State-Zip: LITTLETON MA 01460

Title D  
Name LI, SUNNY  
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****03/23/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title D  
Name LU, CHENG  
Address 300 FOSTER STREET  
City-State-Zip: LITTLETON MA 01460

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