

1.) CORPORATION NAME:

VARIAN MEDICAL SYSTEMS, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **10/31/2011**

SCC ID NO: **F0310567**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	189,000,000
PREFER	1,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3100 HANSEN WAY M/S E-029

CITY/ST/ZIP: PALO ALTO, CA 94304-1030

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: TIMOTHY E GUERTON
TITLE: PRES/CEO
ADDRESS: 3100 HANSEN WAY
CITY/ST/ZIP/CO: PALO ALTO, CA 94304-

OFFICER

DIRECTOR

NAME: ELISHA W FINNEY
TITLE: VP/CFO
ADDRESS: 3100 HANSEN WAY
CITY/ST/ZIP/CO: PALO ALTO, CA 94304-1030

OFFICER

DIRECTOR

NAME: DOW R WILSON
TITLE: P/EXEC VP
ADDRESS: 3100 HANSEN WAY
CITY/ST/ZIP/CO: PALO ALTO, CA 94304-

OFFICER

DIRECTOR

NAME: BRIAN POLLARD
TITLE: AST SEC
ADDRESS: 3100 HANSEN WAY
CITY/ST/ZIP/CO: PALO ALTO, CA 94304-

OFFICER

DIRECTOR

NAME: RICHARD M LEVY
TITLE: DIRECTOR
ADDRESS: 3100 HANSEN WAY
CITY/ST/ZIP/CO: PALO ALTO, CA 94304-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ BRIAN POLLARD</u>	<u>BRIAN POLLARD, AST SEC</u>	<u>10/21/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.