

1.) CORPORATION NAME:

DUE DATE: **2/29/2012**

BIO-MEDICAL APPLICATIONS OF VIRGINIA, INC.

SCC ID NO: **F1008152**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 920 WINTER ST

CITY/ST/ZIP: WALTHAM, MA 02451-1457

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: RICE POWELL
TITLE: PRESIDENT
ADDRESS: 32 BANCROFT
CITY/ST/ZIP/CO: ANDOVER, MA 01810-

OFFICER

DIRECTOR

NAME: JOSEPH RUMA
TITLE: VICE PRESIDENT
ADDRESS: 15 BLUEBERRY HILL ROAD
CITY/ST/ZIP/CO: ANDOVER, MA 01810-

OFFICER

DIRECTOR

NAME: PAUL COLANTONIO
TITLE: ASST TREASURER
ADDRESS: 283 WAVERLEY AVENUE
CITY/ST/ZIP/CO: WATERTOWN, MA 02472-

OFFICER

DIRECTOR

NAME: DOUGLAS KOTT
TITLE: SECRETARY
ADDRESS: 97 GLEN STREET
CITY/ST/ZIP/CO: SOUTH NATICK, MA 01760-

OFFICER

DIRECTOR

NAME: BRYAN MELLO
TITLE: ASST TREASURER
ADDRESS: 920 WINTER STRET
CITY/ST/ZIP/CO: WALTHAM, MA 02451-

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/ PAUL COLANTONIO</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>PAUL COLANTONIO, ASST TREASURER</u> PRINTED NAME AND CORPORATE TITLE	<u>1/26/2012</u> 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.