

1.) CORPORATION NAME:

LANTHEUS MEDICAL IMAGING, INC.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1497439**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 331 TREBLE COVE ROAD

CITY/ST/ZIP: N. BILLERICA, MA 01862

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.

<p>NAME: MICHAEL P. DUFFY TITLE: SECRETARY ADDRESS: 331 TREBLE COVE ROAD CITY/ST/ZIP/CO: N. BILLERICA, MA 01862</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Jeffrey A Bailey TITLE: P/CEO ADDRESS: 331 Treble Cove Rd CITY/ST/ZIP/CO: N. Billerica, MA 01862</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: John Crowley TITLE: TREASURER ADDRESS: 331 Treble Cove Rd CITY/ST/ZIP/CO: N. Billerica, MA 01862</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: David Burgstahler TITLE: DIRECTOR ADDRESS: 331 Treble Cove Rd CITY/ST/ZIP/CO: N. Billerica, MA 01862</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Samuel R Leno TITLE: DIRECTOR ADDRESS: 331 Treble Cove Rd CITY/ST/ZIP/CO: N. Billerica, MA 01862</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Brian A Markison TITLE: DIRECTOR ADDRESS: 331 Treble Cove Rd CITY/ST/ZIP/CO: N. Billerica, MA 01862</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Patrick O'Neill TITLE: DIRECTOR ADDRESS: 331 Treble Cove Rd CITY/ST/ZIP/CO: N. Billerica, MA 01862	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Sriram Venkataraman TITLE: DIRECTOR ADDRESS: 331 Treble Cove Rd CITY/ST/ZIP/CO: N. Billerica, VA 01862	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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.		
/s/ MICHAEL P. DUFFY	MICHAEL P. DUFFY, SECRETARY	8/12/2013
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.		