

1.) CORPORATION NAME:

PerkinElmer Health Sciences, Inc.

DUE DATE: **11/30/2011**

SCC ID NO: **F1608787**

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	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 940 WINTER STREET

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: JOHN L HEALY
TITLE: VP/S
ADDRESS: 940 WINTER STREET
CITY/ST/ZIP/CO: WALTHAM, MA 02451-1457

OFFICER

DIRECTOR

NAME: PAUL LEBLANC
TITLE: VICE PRESIDENT
ADDRESS: 940 WINTER STREET
CITY/ST/ZIP/CO: WALTHAM, MA 02451-1457

OFFICER

DIRECTOR

NAME: JOHN LETCHER
TITLE: VICE PRESIDENT
ADDRESS: 940 WINTER STREET
CITY/ST/ZIP/CO: WALTHAM, MA 02451-1457

OFFICER

DIRECTOR

NAME: DAVID C FRANCISCO
TITLE: TREASURER
ADDRESS: 940 WINTER ST
CITY/ST/ZIP/CO: WALTHAM, MA 02451-1457

OFFICER

DIRECTOR

NAME: DREW C. ADAMS
TITLE: VICE PRESIDENT
ADDRESS: 940 WINTER STREET
CITY/ST/ZIP/CO: WALTHAM, MA 02451-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL L. BATTLES VICE PRESIDENT 940 WINTER STREET WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD F. BEGLEY VICE PRESIDENT 710 BRIDGEPORT AVE SHELTON, CT 06484-4794	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES CORBETT VICE PRESIDENT 940 WINTER STREET WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN FLETCHER VICE PRESIDENT 940 WINTER STREET WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID A. GEIST VICE PRESIDENT 940 WINTER STREET WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN R. LETCHER VICE PRESIDENT 940 WINTER STREET WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL R. MARSHAK VICE PRESIDENT 940 WINTER STREET WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID E. PANTAZI VICE PRESIDENT 940 WINTER STREET WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD F. SZTUKOWSKI VICE PRESIDENT 245 FIRST STREET CAMBRIDGE, MA 02142-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAURICE H. TENNEY VICE PRESIDENT 710 BRIDGEPORT AVENUE SHELTON, CT 06484-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEREYDA GARCIA VICE PRESIDENT 940 WINTER STREET WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN A. OLIVER VICE PRESIDENT 940 WINTER STREET WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY E. POTTHOFF VICE PRESIDENT 940 WINTER STREET WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDITH A. ALBRECHT ASST SECRETARY 710 BRIDGEPORT AVE SHELTON, CT 06484-4794	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NATHANAEL M. DAVIS ASST SECRETARY 940 WINTER STREET WALTHAM, MA 02451-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL J. DAUERTY ASST SECRETARY 710 BRIDGEPORT AVENUE SHELTON, CT 06484-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRISTINA F. KEEGAN ASST SECRETARY 710 BRIDGEPORT AVENUE SHELTON, CT 06484-4794	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN P. STONE ASST SECRETARY 710 BRIDGEPORT AVE SHELTON, CT 06484-4794	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT P. KENNEDY ASST TREASURER 710 BRIDGEPORT AVE SHELTON, CT 06484-4794	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT F FRIEL PRESIDENT 940 WINTER STREET WALTHAM, MA 02451-1457	<input checked="" type="checkbox"/> OFFICER	<input 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/ JOHN L HEALY	JOHN L HEALY, VP/S	9/27/2011
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.