

1.) CORPORATION NAME:

PerkinElmer Health Sciences, Inc.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1608787**

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
ATTN: J. PEARL

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:	ROBERT F FRIEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	940 WINTER STREET		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451-1457		

NAME:	JOHN L HEALY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/S		
ADDRESS:	940 WINTER STREET		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451-1457		

NAME:	DREW C. ADAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	940 WINTER STREET		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		

NAME:	BRUCE BAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	68 ELM STREET		
CITY/ST/ZIP/CO:	HOPKINTON, MA 01748		

NAME:	RICHARD F. BEGLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	710 BRIDGEPORT AVE		
CITY/ST/ZIP/CO:	SHELTON, CT 06484-4794		

NAME:	JAMES CORBETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	940 WINTER STREET		
CITY/ST/ZIP/CO:	WALTHAM, MA 02451		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NATHANIEL J. COSPER VICE PRESIDENT 68 ELM STREET HOPKINTON, MA 01748	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEEANN L. DENNEWITZ VICE PRESIDENT 402 REGENCY COURT HOCKESSIN, DE 19707	<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:	JOEL S. GOLDBERG VICE PRESIDENT 940 WINTER STREET WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH H. GRIFFITH IV VICE PRESIDENT 68 ELM STREET HOPKINTON, MA 01748	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILL KRUKA VICE PRESIDENT 68 ELM STREET HOPKINTON, MA 01748	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL LEBLANC VICE PRESIDENT 940 WINTER STREET WALTHAM, MA 02451-1457	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN LETCHER VICE PRESIDENT 940 WINTER STREET WALTHAM, MA 02451-1457	<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:	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:	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:	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:	MARK ROSKEY VICE PRESIDENT 68 ELM STREET HOPKINTON, MA 01748	<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:	WAEL YARED VICE PRESIDENT 549 ALBANY STREET BOSTON, MA 02118	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID C FRANCISCO TREASURER 940 WINTER ST WALTHAM, MA 02451-1457	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTIAN BOEHK 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:	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:	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:	NATHANAEL M. DAVIS ASST SECRETARY 940 WINTER STREET WALTHAM, MA 02451	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: LISA A. Hurley TITLE: ASST SECRETARY ADDRESS: 68 ELM STREET CITY/ST/ZIP/CO: HOPKINTON, MA 01748	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KRISTINA F. KEEGAN TITLE: ASST SECRETARY ADDRESS: 710 BRIDGEPORT AVENUE CITY/ST/ZIP/CO: SHELTON, CT 06484-4794	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DEBRA K. SHOJI-SINKU TITLE: ASST SECRETARY ADDRESS: 68 ELM STREET CITY/ST/ZIP/CO: HOPKINTON, MA 01748	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: STEPHEN P. STONE TITLE: ASST SECRETARY ADDRESS: 710 BRIDGEPORT AVE CITY/ST/ZIP/CO: SHELTON, CT 06484-4794	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: Rebecca L. Houde TITLE: ASST SECRETARY ADDRESS: 940 Winter Street CITY/ST/ZIP/CO: Waltham, MA 02451	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: Sonya R. Murphy TITLE: ASST SECRETARY ADDRESS: 940 Winter Street CITY/ST/ZIP/CO: Waltham, MA 02451	<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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN L HEALY, VP/S PRINTED NAME AND CORPORATE TITLE
8/14/2013 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.	