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| SCC eFile | 2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 214518786 |
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|--|---|-------|------------|--------|-------|
| 1.) CORPORATION NAME: IBA Proton Therapy, Inc. | DUE DATE: 3/31/2014 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA | SCC ID NO: F1700097 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY | 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 1,000 | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: DE | | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 151 Heartland Blvd

CITY/ST/ZIP: edgewood, NY 11717

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: SERGE LAMISSE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: PRESIDENT | | |
| ADDRESS: CHEMIN DU CYCLOTRON 3, | | |
| CITY/ST/ZIP/CO: , , FN | | |

| | | |
|-------------------------------------|---|--|
| NAME: XAVIER DEFOURT | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: VP SEC | | |
| ADDRESS: CHEMIN DU CYCLOTRON 3 1348 | | |
| CITY/ST/ZIP/CO: , , FN | | |

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|---|---|-----------------------------------|
| NAME: FRANK MUYS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: TREASURER | | |
| ADDRESS: 151 HEARTLAND BLVD | | |
| CITY/ST/ZIP/CO: EDGEWOOD, NY 11717-8374 | | |

| | | |
|--------------------------------|----------------------------------|--|
| NAME: OLIVIER LEGRAIN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: DIRECTOR | | |
| ADDRESS: CHEMIN DU CYCLOTRON 3 | | |
| CITY/ST/ZIP/CO: , , FN | | |

| | | |
|--------------------------------------|----------------------------------|--|
| NAME: PHILIPPE MENU | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: DIRECTOR | | |
| ADDRESS: CHEMIN DU CYCLOTRON 3, 1348 | | |
| CITY/ST/ZIP/CO: , , FN | | |

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/ FRANK MUYS | FRANK MUYS, TREASURER | 4/10/2014 |
| 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.