STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 ***Filing Fee: $50.00***

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	*2. Exact name of the limited liability company*
140669	Thermo Electron North America LLC

3. State of formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
DELAWARE	Sale and service of analytical instrumentation & scientific equipment.

5. Principal office address	*City*	*State*	*Zip*
1400 Northpoint Parkway, Suite 50	West Palm Beach	Florida	33407

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
S. HAROUTUNIAN	Paralegal

Street Address	*City*	*State*	*Zip*
81 WYMAN STREET	Waltham	MA	02454

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ***("X" BOX FOR ATTACHMENT)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	*Street Address*	*City*	*State*	*Zip*
Manager Name	*Street Address*	*City*	*State*	*Zip*
Manager Name	*Street Address*	*City*	*State*	*Zip*

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	*Address*		
CT CORPORATION SYSTEM			
Address	*City*		*Zip*
10 WEYBOSSET STREET	PROVIDENCE		02903-

*This report must be **signed in ink** by an authorized person pursuant to R.I.G.L. 7-16-66.*

[redacted] [redacted]

140669

File Date	11/16/05
Check No.	25796
By:	

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

John A. Piccione
Signature of Authorized Person *Date*

Print or Type Name of Authorized Person
John A. Piccione, Assistant Secretary

[redacted]