

No. <b>C 64759</b>		<b>Due no later than Sep 30, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  VARIAN MEDICAL SYSTEMS, INC. MIKE AIELLO TAX DEPT. E-029 3100 HANSEN WAY PALO ALTO CA 94304-1030		C T CORPORATION SYSTEM 300 NORTH SIXTH STREET BOISE ID 83701			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	TIMOTHY GUERTIN	3100 HANSEN WAY	PALO ALTO	CA	USA	94304-1030	
SECRETARY	JOHN W KUO	3100 HANSEN WAY	PALO ALTO	CA	USA	94304-1030	
DIRECTOR	SUSAN L BOSTROM	170 W TASMAN DRIVE	SAN JOSE	CA	USA	95134	
DIRECTOR	JOHN S BROWN	3333 COYOTE HILL ROAD	PALO ALTO	CA	USA	94304	
DIRECTOR	ANDREW R ECKERT	3100 HANSEN WAY	PALO ALTO	CA	USA	94304-1030	
DIRECTOR	SAMUEL HELLMAN	UNIV. OF CHICAGO RM 1338	CHICAGO	IL	USA	60637	
DIRECTOR	ALLEN S LICHTER	UNIV OF MI MEDICAL SCHOOL	ANN ARBOR	MI	USA	48109	
DIRECTOR	DAVID W MARTIN	PIER ONE, BAY 3	SAN FRANCISCO	CA	USA	94111	
DIRECTOR	RUEDIGER NAUMANN-ETIENNE	5980 HORTON ST STE 390	EMERYVILLE	CA	USA	94608	
5. Organized Under the Laws of:  <b>DELAWARE</b> <b>C 64759</b>		6. Annual Report must be signed.*  Signature: Brian Pollard Name (type or print): Brian Pollard  Date: 08/10/2006 Title: Assistant Secretary					
Processed 08/10/2006		* Electronically provided signatures are accepted as original signatures.					