C 64759 Due no later than Sep 30, 2002 Annual Report Form 1. Mailing Address - Correct in this box. if applicable VARIAN MEDICAL SYSTEMS, INC. TAX DEPT. E-029 3100 HANSEN WAY PALO ALTO, CA 94304 1030 2. Registered Agent and Office NO PO BOX C T CORPORATION SYSTEM 300 NORTH SIXTH STREET BOISE, ID 83701 3. New Registered Agent Signature
NG FEE IF /FED BY DUE DATE PALO ALTO, CA 94304 1030 PED BY DUE DATE Proporations: Enter Names and Business Addresses of President, Secretary and Directors. Street or P.O. Address City State Zip City S