

No. C 64759		Due no later than Sep 30, 2005		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. 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 0000			
				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	
DIRECTOR	RUEDIGER NAUMANN-ETIENNE	5980 HORTON ST STE 390	EMERYVILLE	CA	USA	94608	
DIRECTOR	DAVID W MARTIN	PIER ONE, BAY 3	SAN FRANCISCO	CA	USA	94111	
DIRECTOR	ALLEN S LICHTER	UNIV OF MI MEDICAL SCHOOL	ANN ARBOR	MI	USA	48109	
DIRECTOR	SAMUEL HELLMAN	UNIV. OF CHICAGO RM 1338	CHICAGO	IL	USA	60637	
DIRECTOR	ANDREW R ECKERT	3100 HANSEN WAY	PALO ALTO	CA	USA	94304	
DIRECTOR	JOHN S BROWN	3333 COYOTE HILL ROAD	PALO ALTO	CA	USA	94304	
DIRECTOR	SUSAN L BOSTROM	170 W TASMAN DRIVE	SAN JOSE	CA	USA	95134	
SECRETARY	JOHN W KUO	3100 HANSEN WAY	PALO ALTO	CA	USA	94304	
PRESIDENT	RICHARD M LEVY	3100 HANSEN WAY	PALO ALTO	CA	USA	94304	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DELAWARE		Signature: paula wallace		Date: 07/22/2005			
C 64759		Name (type or print): paula wallace		Title: assistant secretary			
Processed 07/22/2005		* Electronically provided signatures are accepted as original signatures.					