

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000604

Entity Name: IBA PROTON THERAPY, INC.

Current Principal Place of Business:

2000 EDMUND HALLEY DRIVE
SUITE 210
RESTON, VA 20191

Current Mailing Address:

2000 EDMUND HALLEY DRIVE
SUITE 210
RESTON, VA 20191 US

FEI Number: 75-2879901

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFF
Name DEFOURT, XAVIER
Address CHEMIN DU CYCLOTRON, 3
City-State-Zip: LOUVAIN-LA-NEUVE BE 1348

Title TREA
Name CHAUVIER, VINCENT
Address 2000 EDMUND HALLEY DRIVE SUITE 210
City-State-Zip: RESTON VA 20191

Title CH
Name LEGRAIN, OLIVIER
Address CHEMIN DU CYCLOTRON, 3
City-State-Zip: LOUVAIN-LA-NEUVE BE 1348

Title DIR
Name BOTHY, JEAN-MARC
Address CHEMIN DU CYCLOTRON, 3
City-State-Zip: LOUVAIN-LA-NEUVE BE 1348

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VINCENT CHAUVIER

OFFICER

02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date