FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **847036** **(1)**

1. Corporation Name

SMITHKLINE BEECHAM CLINICAL LABORATORIES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1201 S COLLEGEVILLE RD COLLEGEVILLE PA 19426 US	ONE FRANKLIN PLAZA FP2235 PHILADELPHIA PA 19101 US

3. Date Incorporated or Qualified: **09/23/1980**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **38-2084239** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	STOUGHTON, W. V	1.2 NAME		
STREET ADDRESS	1201 S COLLEGEVILLE RD	1.3 STREET ADDRESS		
CITY - ST - ZIP	COLLEGEVILLE PA	1.4 CITY - ST - ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	NOVAK, RICHARD L	2.2 NAME		
STREET ADDRESS	1201 S COLLEGEVILLE RD	2.3 STREET ADDRESS		
CITY - ST - ZIP	COLLEGEVILLE PA	2.4 CITY - ST - ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	SHULBY, WILLIAM J	3.2 NAME		
STREET ADDRESS	ONE FRANKLIN PLAZA	3.3 STREET ADDRESS		
CITY - ST - ZIP	PHILADELPHIA PA	3.4 CITY - ST - ZIP		
TITLE	VS	4.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	WHITE, ALBERT J	4.2 NAME		
STREET ADDRESS	ONE FRANKLIN PLAZA	4.3 STREET ADDRESS		
CITY - ST - ZIP	PHILADELPHIA PA	4.4 CITY - ST - ZIP		
TITLE	V	5.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	CORRIGAN, MICHAEL F.	5.2 NAME	OKKEASE, JOHN B.	
STREET ADDRESS	1201 S COLLEGEVILLE RD	5.3 STREET ADDRESS	1201 S. COLLEGEVILLE ROAD	
CITY - ST - ZIP	COLLEGEVILLE PA	5.4 CITY - ST - ZIP	COLLEGEVILLE, PA 19426	
TITLE	VD	6.1 TITLE	VICE PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	MOORE, MICHAEL W.	6.2 NAME	HARBISON, DON	
STREET ADDRESS	1201 S COLLEGEVILLE RD	6.3 STREET ADDRESS	1201 S. COLLEGEVILLE ROAD	
CITY - ST - ZIP	COLLEGEVILLE PA	6.4 CITY - ST - ZIP	COLLEGEVILLE, PA 19426	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ WILLIAM J. SHULBY 4/20/95 215-751-4000
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0307137 FP

847036

DOCUMENT #847036 (1)
FEI # 38-2084237

SMITHKLINE BEECHAM CLINICAL LABORATORIES, INC.
OFFICERS & DIRECTORS

NAME	POSITION(S)	ADDRESS
W. Vickery Stoughton	Director/President	1201 S. Collegeville Road Collegeville, PA 19426
John B. Okkerse	Vice President	1201 S. Collegeville Road Collegeville, PA 19426
Richard L. Novak	Director/Vice President	1201 S. Collegeville Road Collegeville, PA 19426
Don Hardison	Director/Vice President	1201 S. Collegeville Road Collegeville, PA 19426
James M. Lord	Director/Vice President	1201 S. Collegeville Road Collegeville, PA 19426
William J. Shulby	Treasurer	One Franklin Plaza Philadelphia, PA 19101
Albert J. White	Secretary	One Franklin Plaza Philadelphia, PA 19101
Charles F. Kelly, Jr.	Assistant Treasurer	1201 S. Collegeville Road Collegeville, PA 19426
James V. Agnello	Assistant Treasurer	1201 S. Collegeville Road Collegeville, PA 19426
Robert F. Harchut	Assistant Secretary	One Franklin Plaza Philadelphia, PA 19101
Donald F. Parman	Assistant Secretary	One Franklin Plaza Philadelphia, PA 19101

2/23/95
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