

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847036

FILED  
Mar 16, 2006  
Secretary of State

**Entity Name:** QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.

**Current Principal Place of Business:**

ONE MALCOLM AVE  
TETERBORO, NJ 07608 US

**New Principal Place of Business:**

**Current Mailing Address:**

1290 WALL STREET WEST  
LYNDHURST, NJ 07071 US

**New Mailing Address:**

**FEI Number:** 38-2084239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOHAPATRA, SURYA N  
Address: 1290 WALL STREET WEST  
City-St-Zip: LYNDHURST, NJ 07071

Title: VPD ( ) Delete  
Name: HAGEMANN, ROBERT A  
Address: 1290 WALL STREET WEST  
City-St-Zip: LYNDHURST, NJ 07071

Title: VT ( ) Delete  
Name: MANORY, JOSEPH P  
Address: 1290 WALL STREET WEST  
City-St-Zip: LYNDHURST, NJ 07071

Title: AT ( ) Delete  
Name: CALAMARI, STEPHEN A  
Address: 1290 WALL STREET WEST  
City-St-Zip: LYNDHURST, NJ 07071

Title: S ( ) Delete  
Name: GUMMAREGULA, SIRISHA  
Address: 1290 WALL STREET WEST  
City-St-Zip: LYNDHURST, NJ 07071

Title: AS ( ) Delete  
Name: FARRENKOPT, LEO C JR  
Address: 1290 WALL STREET WEST  
City-St-Zip: LYNDHURST, NJ 07071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** LEO C. FARRENKOPT JR

AS

03/16/2006

Electronic Signature of Signing Officer or Director

Date