## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 847036** 

Entity Name: QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	STREET WES ST, NJ 07071	ST US	3 GIRALDA MADISON	A FARMS , NJ 07940	US	
Current Mailing Address:				New Mailing Address:		
	STREET WES	ST US	3 GIRALD/ MADISON	A FARMS , NJ 07940	US	
FEI Number:	38-2084239	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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.						
SIGNATUR	RE:					
Electronic Signature of Registered Agent Date						
Election Can	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () I MOHAPATRA, SI 1290 WALL STR LYNDHURST, NJ	EET WEST	Title: Name: Address: City-St-Zip:	PD (X MOHAPATRA, 3 GIRALDA FA MADISON, NJ	RMS	
Title: Name: Address: City-St-Zip:	VPD () HAGEMANN, RO 1290 WALL STR LYNDHURST, N.	EET WEST	Title: Name: Address: City-St-Zip:	VPD (X HAGEMANN, R 3 GIRALDA FA MADISON, NJ	RMS	
Title: Name: Address: City-St-Zip:	VT () I MANORY, JOSE 1290 WALL STR LYNDHURST, N.	EET WEST	Title: Name: Address: City-St-Zip:	T (X O'KEEF, ROBE 3 GIRALDA FA MADISON, NJ	RMS	
Title: Name: Address: City-St-Zip:	S (X) GUMMAREGULA 1290 WALL STR LYNDHURST, N	EET WEST	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	AS ()  FARRENKOPF,   1290 WALL STR LYNDHURST N.	EET WEST	Title: Name: Address: City-St-Zin:	AS (X FARRENKOPF 3 GIRALDA FA MADISON NJ	RMS	

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT O'KEEF T 04/25/2008