

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847036

Entity Name: QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.**Current Principal Place of Business:**3 GIRALDA FARMS
3RD FLOOR
MADISON, NJ 07940**Current Mailing Address:**3 GIRALDA FARMS
3RD FLOOR
MADISON, NJ 07940 US**FEI Number:** 38-2084239**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	PRESIDENT/DIRECTOR
Name	DOHERTY, CATHERINE T
Address	3 GIRALDA FARMS, 3RD FLOOR
City-State-Zip:	MADISON NJ 07940

Title	VICE PRESIDENT
Name	BONGIORNO, THOMAS F
Address	3 GIRALDA FARMS, 3RD FLOOR
City-State-Zip:	MADISON NJ 07940

Title	TREASURER/VICE PRESIDENT
Name	CINCO, TERESA L
Address	3 GIRALDA FARMS, 3RD FLOOR
City-State-Zip:	MADISON NJ 07940

Title	SEC
Name	O'SHAUGHNESSY, JR., WILLIAM J
Address	3 GIRALDA FARMS, 3RD FLOOR
City-State-Zip:	MADISON NJ 07940

Title	DIRECTOR
Name	SHORTEN, DERMOT V
Address	3 GIRALDA FARMS 3RD FLOOR
City-State-Zip:	MADISON NJ 07940

Title	VICE PRESIDENT
Name	CALAMARI, STEPHEN A
Address	3 GIRALDA FARMS 3RD FLOOR
City-State-Zip:	MADISON NJ 07940

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: WILLIAM J. O'SHAUGHNESSY, JR.**SECRETARY****04/19/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date