

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847036

Entity Name: QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.**Current Principal Place of Business:**500 PLAZA DRIVE
SECAUCUS, NJ 07094**Current Mailing Address:**500 PLAZA DRIVE
SECAUCUS, NJ 07094 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 500 PLAZA DRIVE
City-State-Zip: SECAUCUS NJ 07094

Title VICE PRESIDENT
Name CALAMARI, STEPHEN A
Address 500 PLAZA DRIVE
City-State-Zip: SECAUCUS NJ 07094

Title TREASURER/VICE PRESIDENT
Name CINCO- ABELA, TERESA L
Address 500 PLAZA DRIVE
City-State-Zip: SECAUCUS NJ 07094

Title SECRETARY
Name O'SHAUGHNESSY, WILLIAM J JR.
Address 500 PLAZA DRIVE
City-State-Zip: SECAUCUS NJ 07094

Title DIRECTOR
Name SHORTEN, DERMOT V
Address 500 PLAZA DRIVE
City-State-Zip: SECAUCUS NJ 07094

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****04/19/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date