

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90129 038 ***150.00

DOCUMENT # 847036

1. Corporation Name

SMITHKLINE BEECHAM CLINICAL LABORATORIES, INC.

Principal Place of Business

1201 S COLLEGEVILLE RD
COLLEGEVILLE PA 19426
US

Mailing Address

ONE FRANKLIN PLAZA
FP2335
PHILADELPHIA PA 19101
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1980

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME OKKERSE, JOHN B
STREET ADDRESS 1201 S COLLEGEVILLE RD
CITY-ST-ZIP COLLEGEVILLE PA

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE VD
NAME LORD, JAMES M
STREET ADDRESS 1201 S COLLEGEVILLE RD
CITY-ST-ZIP COLLEGEVILLE PA

☐ DELETE

1.2 NAME ☐ Change ☐ Addition

TITLE T
NAME KINZLER, PATRICK H.
STREET ADDRESS ONE FRANKLIN PLAZA
CITY-ST-ZIP PHILADELPHIA PA 19101

☐ DELETE

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE VPS
NAME WALKERYLY, CHARLES
STREET ADDRESS 1 FRANKLIN PLAZA
CITY-ST-ZIP PHILADELPHIA PA

☒ DELETE

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME YAMADA, TADATAKA
STREET ADDRESS ONE FRANKLIN PLAZA
CITY-ST-ZIP PHILADELPHIA PA

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE AS
NAME PARMAN, DONALD F
STREET ADDRESS ONE FRANKLIN PLAZA
CITY-ST-ZIP PHILADELPHIA PA

☐ DELETE

2.2 NAME ☒ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2.5 CITY-ST-ZIP

2.6 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Donald F. Parman DONALD F. PARMAN, SECRETARY 4/28/99 (215) 751-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)