## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address ONE FRANKLIN PLAZA

3. Mailing Address

PHILADELPHIA PA 19102-1225

ONE MALCOLM

FP2335

US

## **DOCUMENT # 847036**

Principal Place of Business

2. Principal Place of Business

1201 S COLLEGEVILLE RD COLLEGEVILLE PA 19426

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

PHILADELPHIA PA

QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.

Suite, Apt. #, etc. Suite, Apt. #, etc. TETERBORD Applied For 4. FEI Number City & State City & State 38-2084239 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required USA 07608 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PD **⊠** Delete TITLE TITLE OKKERSE, JOHN B NAME SURYA MOHAPATRA NAME ONE MALCOLM AUE. STREET ADDRESS STREET ADDRESS 1201 S COLLEGEVILLE RD CITY-ST-ZIP TETERBORO, NJ 07608 CITY-ST-ZIP **COLLEGEVILLE PA** Change ☐ Addition מע Delete TITLE LORD, JAMES M NAME NAME ROBERT HAGEMUNN STREET ADDRESS STREET ADDRESS 1201 S COLLEGEVILLE RD ONE MALCOLM AVE. CITY-ST-7IP CITY-ST-ZIP TETERBORD, NIO7608 COLLEGEVILLE PA Change Change ☐ Addition **⊠** Delete TITLE KENNETH PINNEGAN KINZLER, PATRICK H. NAME NAME CONE MALCOLM AUF. STREET ADDRESS STREET ADDRESS ONE FRANKLIN PLAZA CITY-ST-ZIP TETERBORD, NJ 07608 CITY-ST-ZIP PHILADELPHIA PA 19101 Change Change Addition Delete TITLE TITLE YAMADA, TADATAKA STEPHEN CALAMARI NAME STREET ADDRESS STREET ADDRESS ONE FRANKLIN PLAZA DNE MALCOLM AUT. CITY-ST-ZIP TETERBORD, NJ 07608 CITY-ST-ZIP PHILADELPHIA PA Change Addition S Delete TITLE TITLE LEO FARRENKOPP, TR. NAME PARMAN, DONALD F NAME CONE MALCOLM AUG. STREET ADDRESS STREET ADDRESS ONE FRANKLIN PLAZA

AVE.

FILED Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90149 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

☐ Delete

TETERBORD, NJ

Change

☐ Addition

STEPHEN CALAMARI, ALT 41200 ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #