

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90164 015 ***150.00

DOCUMENT # 847036

1. Entity Name

QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1201 S COLLEGEVILLE RD.

3. Mailing Address

ONE MALCOLM AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATT: TAX DEPT.

DO NOT WRITE IN THIS SPACE

City & State

COLLEGEVILLE, PA

City & State

TETERBORO, NJ

4. FEI Number

38-2084239

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301-2525

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: P/D
NAME: SURYA MOHAPATRA
STREET ADDRESS: ONE MALCOLM AVE.
CITY-ST-ZIP: TETERBORO, NJ 07608

TITLE: VP/D
NAME: ROBERT HAGEMANN
STREET ADDRESS: ONE MALCOLM AVE.
CITY-ST-ZIP: TETERBORO, NJ 07608

TITLE: S
NAME: LEO FARRENKOPF JR.
STREET ADDRESS: ONE MALCOLM AVE.
CITY-ST-ZIP: TETERBORO, NJ 07608

TITLE: VT
NAME: JOSEPH MANORY
STREET ADDRESS: ONE MALCOLM AVE.
CITY-ST-ZIP: TETERBORO, NJ 07608

TITLE: VP/AT
NAME: STEPHEN CALAMARI
STREET ADDRESS: ONE MALCOLM AVE.
CITY-ST-ZIP: TETERBORO, NJ 07608

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN CALAMARI

4/18/02

Date

201-729-8440

Daytime Phone #

VICE PRESIDENT

CR2E034B (12/01)