

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005134

FILED  
Apr 14, 2010  
Secretary of State

Entity Name: ICON CLINICAL RESEARCH, INC.

**Current Principal Place of Business:**

3111 W MARTIN LUTHER KING BLVD  
SUITE 375  
TAMPA, FL 336076233 US

**New Principal Place of Business:**

212 CHURCH ROAD  
NORTH WALES, PA 194544140 US

**Current Mailing Address:**

212 CHURCH RD  
NORTH WALES, PA 194544140 US

**New Mailing Address:**

FEI Number: 23-2689156      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HUBBARD, JOHN  
Address: 212 CHURCH RD  
City-St-Zip: NORTH WALES, PA 194544140 US

Title: VTD  
Name: PETERS, DAVID  
Address: 212 CHURCH ROAD  
City-St-Zip: NORTH WALES, PA 194544140 US

Title: SD  
Name: KERINS, MARIE  
Address: SOUTH COUNTY BUSINESS PARK/LEOPARDSTOWN  
City-St-Zip: DUBLIN, IRELAND, NA 18 IE

Title: AS  
Name: JANOSKI, CHRIS  
Address: 212 CHURCH ROAD  
City-St-Zip: NORTH WALES, PA 194544140 US

Title: D  
Name: GRAY, PETER  
Address: SOUTH COUNTY BUSINESS PARK/LEOPARDSTOWN  
City-St-Zip: DUBLIN, IRELAND, NA 18 IE

Title: D  
Name: MURRAY, CIARAN  
Address: SOUTH COUNTY BUSINESS PARK/LEOPARDSTOWN  
City-St-Zip: DUBLIN, IRELAND, NA 18 IE

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: CHRIS JANOSKI

AS

04/14/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date