

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 24, 2011
Secretary of State

Entity Name: ICON CLINICAL RESEARCH, INC.

Current Principal Place of Business:

212 CHURCH ROAD
NORTH WALES, PA 194544140 US

New Principal Place of Business:

212 CHURCH ROAD
NORTH WALES, PA 19454 US

Current Mailing Address:

212 CHURCH RD
NORTH WALES, PA 194544140 US

New Mailing Address:

212 CHURCH RD
NORTH WALES, PA 19454 US

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

OFFICERS AND DIRECTORS:

Title: DVPT
Name: PETERS, DAVID
Address: 212 CHURCH RD
City-St-Zip: NORTH WALES, PA 19454 US

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

Title: AS
Name: JANOSKI, CHRIS
Address: 212 CHURCH ROAD
City-St-Zip: NORTH WALES, PA 19454 US

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

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

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

03/24/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date