

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004421

Entity Name: IDEXX REFERENCE LABORATORIES, INC.**Current Principal Place of Business:**ONE IDEXX DRIVE
WESTBROOK, ME 04092**Current Mailing Address:**ONE IDEXX DRIVE
WESTBROOK, ME 04092**FEI Number: 01-0505450****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title DP
Name POWERS, JOHNNY DPHD
Address ONE IDEXX DRIVE
City-State-Zip: WESTBROOK ME 04092

Title DTAS
Name RAINES, MERILEE
Address ONE IDEXX DRIVE
City-State-Zip: WESTBROOK ME 04092

Title VP
Name HAMILTON, SCOTT P
Address ONE IDEXX DRIVE
City-State-Zip: WESTBROOK ME 04092

Title VP
Name BAUR, GEOFFREY S
Address ONE IDEXX DRIVE
City-State-Zip: WESTBROOK ME 04092

Title VP
Name POLEWACZYK, JAMES F
Address ONE IDEXX DRIVE
City-State-Zip: WESTBROOK ME 04092

Title VP
Name BLANCHE, WILLARD R JR.
Address ONE IDEXX DRIVE
City-State-Zip: WESTBROOK ME 04092

Title IS
Name NOLAN, ANN E
Address ONE IDEXX DRIVE
City-State-Zip: WESTBROOK ME 04092

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: MERILEE RAINES**DIRECTOR****03/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date