

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001812

FILED
Apr 28, 2011
Secretary of State

Entity Name: LABWARE GLOBAL SERVICES, INC.

Current Principal Place of Business:

C/O DAVID A. FERRELL
THREE MILL RD STE 102
WILMINGTON, DE 19806

New Principal Place of Business:

THREE MILL RD STE 102
WILMINGTON, DE 19806

Current Mailing Address:

C/O DAVID A. FERRELL
THREE MILL RD STE 102
WILMINGTON, DE 19806

New Mailing Address:

THREE MILL RD STE 102
WILMINGTON, DE 19806

FEI Number: 80-0538377

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: P
Name: VEST, ERIC
Address: THREE MILL RD STE 102
City-St-Zip: WILMINGTON, DE 19806

Title: DV
Name: NIXON, DAVID
Address: THREE MILL RD STE 102
City-St-Zip: WILMINGTON, DE 19806

Title: DV
Name: PEET, J. CARLISLE III
Address: THREE MILL RD STE 102
City-St-Zip: WILMINGTON, DE 19806

Title: D
Name: KERSHNER, VANCE
Address: THREE MILL RD STE 102
City-St-Zip: WILMINGTON, DE 19806

Title: V
Name: FERRELL, DAVID
Address: THREE MILL RD STE 102
City-St-Zip: WILMINGTON, DE 19806

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: J CARLISLE PEET III

SEC

04/28/2011

Electronic Signature of Signing Officer or Director

Date