2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004274

Entity Name: ORTHO-CLINICAL DIAGNOSTICS, INC.

Current Principal Place of Business:

1001 US HIGHWAY ROUTE 202
RARITAN, NJ 08869

Current Mailing Address:

1001 US HIGHWAY ROUTE 202
RARITAN, NJ 08869 US

FEI Number: 22-3329332

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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	CEO	Title	DIRECTOR
Name	SMITH, CHRISTOPHER	Name	SMITH, CHRISTOPHER
Address	1001 US HIGHWAY ROUTE 202	Address	1001 US HIGHWAY ROUTE 202
City-State-Zip:	RARITAN NJ 08869	City-State-Zip:	RARITAN NJ 08869

Title	CFO	Title	DIRECTOR
Name	DAVACHI, TODD	Name	DAVACHI, TODD
Address	1001 US HIGHWAY ROUTE 202	Address	1001 US HIGHWAY ROUTE 202
City-State-Zip:	RARITAN NJ 08869	City-State-Zip:	RARITAN NJ 08869

Title	DIRECTOR	Title	SECRETARY
Name	SCHLESINGER, MICHAEL	Name	SCHLESINGER, MICHAEL
Address	1001 US HIGHWAY ROUTE 202	Address	1001 US HIGHWAY ROUTE 202
City-State-Zip:	RARITAN NJ 08869	City-State-Zip:	RARITAN NJ 08869

Title	GENERAL COUNSEL
Name	SCHLESINGER, MICHAEL
Address	1001 US HIGHWAY ROUTE 202
City-State-Zip:	RARITAN NJ 08869

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: MICHAEL SCHLESINGER   SECRETARY   05/29/2020

Electronic Signature of Signing Officer/Director Detail	Date