

2021 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 DIRECTOR
Name BUSKY, JOSEPH M.
Address 1001 US HIGHWAY ROUTE 202
City-State-Zip: RARITAN NJ 08869

Title CFO
Name BUSKY, JOSEPH M.
Address 1001 US HIGHWAY ROUTE 202
City-State-Zip: RARITAN NJ 08869

Title TREASURER
Name SANDERS, JOHN
Address 1001 US HIGHWAY ROUTE 202
City-State-Zip: RARITAN NJ 08869

Title DIRECTOR
Name SANDERS, JOHN
Address 1001 US HIGHWAY ROUTE 202
City-State-Zip: RARITAN NJ 08869

Title CEO
Name SMITH, CHRISTOPHER
Address 1001 US HIGHWAY ROUTE 202
City-State-Zip: RARITAN NJ 08869

Title DIRECTOR
Name SMITH, CHRISTOPHER
Address 1001 US HIGHWAY ROUTE 202
City-State-Zip: RARITAN NJ 08869

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

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

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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

04/22/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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