

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004274

FILED
Apr 20, 2012
Secretary of State

Entity Name: ORTHO-CLINICAL DIAGNOSTICS, INC.

Current Principal Place of Business:

1001 U.S. ROUTE 202
RARITAN, NJ 08869

New Principal Place of Business:

1001 US HIGHWAY ROUTE 202 NORTH
RARITAN, NJ 08869 US

Current Mailing Address:

1001 U.S. ROUTE 202
RARITAN, NJ 08869

New Mailing Address:

1001 US HIGHWAY ROUTE 202 NORTH
RARITAN, NJ 08869 US

FEI Number: 22-3329332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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: VPD
Name: COMPTON, ERIC B VPD
Address: 1001 US HIGHWAY ROUTE 202 NORTH
City-St-Zip: RARITAN, NJ 08869 US

Title: VPTD
Name: MCMAHON, ROBERT W VPTD
Address: 1001 US HIGHWAY ROUTE 202 NORTH
City-St-Zip: RARITAN, NJ 08869 US

Title: SD
Name: NIXON, RANDALL L SD
Address: 1001 US HIGHWAY ROUTE 202 NORTH
City-St-Zip: RARITAN, NJ 08869 US

Title: VP
Name: SMITH, ROBERT J VP
Address: 1001 US HIGHWAY ROUTE 202 NORTH
City-St-Zip: RARITAN, NJ 08869 US

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: BRITNI WIGE

_____ Electronic Signature of Signing Officer or Director

POA

04/20/2012

_____ Date