

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004274

**Entity Name:** ORTHO-CLINICAL DIAGNOSTICS, INC.

**Current Principal Place of Business:**

1001 US HIGHWAY ROUTE 202 NORTH  
RARITAN, NJ 08869

**Current Mailing Address:**

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

Title           CFO  
Name           WAGNER, CHARLES  
Address        1001 US HIGHWAY ROUTE 202  
                  NORTH  
City-State-Zip: RARITAN NJ 08869

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

Title           CEO  
Name           MADAUS, MARTIN  
Address        1001 US HIGHWAY ROUTE 202  
                  NORTH  
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**

**03/19/2019**

Electronic Signature of Signing Officer/Director Detail

Date