2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000000017

Entity Name: IDEXX DISTRIBUTION, INC.

Current Principal Place of Business:

C/O IDEXX LABORATORIES, INC.

ONE IDEXX DRIVE

WESTBROOK, ME 04092

Current Mailing Address:

C/O IDEXX LABORATORIES, INC.

ONE IDEXX DRIVE

WESTBROOK, ME 04092 US

FEI Number: 35-2186625 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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: CT CORPORATION SYSTEM 05/30/2020

Electronic Signature of Registered Agent

Date

FILED May 30, 2020

Secretary of State

9619896284CC

Officer/Director Detail:

City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name LU, LILY J. Name MAZELSKY, JONATHAN JAY

Address C/O IDEXX LABORATORIES, INC. Address C/O IDEXX LABORATORIES, INC.

ONE IDEXX DRIVE ONE IDEXX DRIVE

WESTBROOK ME 04092 City-State-Zip: WESTBROOK ME 04092

TitleDIRECTORTitleSECRETARYNameMCKEON, BRIAN P.NameLU, LILY J.

Address C/O IDEXX LABORATORIES, INC. Address C/O IDEXX LABORATORIES, INC.

ONE IDEXX DRIVE ONE IDEXX DRIVE

City-State-Zip: WESTBROOK ME 04092 City-State-Zip: WESTBROOK ME 04092

TitleTREASURER, CFOTitlePRESIDENT, CEONameMCKEON, BRIAN P.NameMCKEON, BRIAN P.

Address C/O IDEXX LABORATORIES, INC. Address C/O IDEXX LABORATORIES, INC.

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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: LILY J. LU SECRETARY 05/30/2020