

2024 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

04/12/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER/CFO
Name MCKEON, BRIAN P.
Address C/O IDEXX LABORATORIES, INC.
 ONE IDEXX DRIVE
City-State-Zip: WESTBROOK ME 04092

Title SECRETARY
Name LU, LILY J.
Address C/O IDEXX LABORATORIES, INC.
 ONE IDEXX DRIVE
City-State-Zip: WESTBROOK ME 04092

Title DIRECTOR
Name MCKEON, BRIAN P.
Address C/O IDEXX LABORATORIES, INC.
 ONE IDEXX DRIVE
City-State-Zip: WESTBROOK ME 04092

Title DIRECTOR
Name LU, LILY J.
Address C/O IDEXX LABORATORIES, INC.
 ONE IDEXX DRIVE
City-State-Zip: WESTBROOK ME 04092

Title ASSISTANT TREASURER
Name BAUR, GEOFFERY
Address C/O IDEXX LABORATORIES, INC.
 ONE IDEXX DRIVE
City-State-Zip: WESTBROOK ME 04092

Title PRESIDENT
Name POLEWACZYK, JAMES F.
Address C/O IDEXX LABORATORIES, INC.
 ONE IDEXX DRIVE
City-State-Zip: WESTBROOK ME 04092

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**

04/12/2024

Electronic Signature of Signing Officer/Director Detail

Date