2004 FOR PROFIT CORPORATION ANNUAL REPORT

1072

DOCUMENT # F03000001638

1. Entity Name
INTERCOUNTY LABORATORIES - USL, INC.

FILED
04 JUL 13 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
308 N.W. 170 ST. NORTH MIAMI BEACH, FL 33169	C/O THELEN REID 875 THIRD AVE. #1433 NEW YORK, NY 10022

06302004 Chg-P CR2E034 (10/03) MRD

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 06-1689244 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD PIEDELIEVRE, FRANK 17 BIS, PLACE DES REFLETS, LA DEFENSE 2 94000 COURBEVOIE, FRANCE,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP and COO LYNCH, MARK 11860 W. STATE ROAD 84, STE. 1 FT. LAUDERALE, FL 33325	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT TARDAN, FRANCOIS 17 BIS, PLACE DES REFLETS, LA DEFENSE 2 94000 COURBEVOIE, FRANCE,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TONG, RICHARD 11860 W. STATE ROAD 84, STE. 1 FT. LAUDERDALE, FL 33325	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO WRIGHT, DICKERSON C 7895 CONVOY CT. #18 SAN DIEGO, CA 92111	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOCKMAN, ALEXANDER A 308 NW 170 ST NORTH MIAMI BEACH, FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300039063253	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FC DAMASCENO, LUIS CARLOS 11860 W. STATE ROAD 84, STE. 1 FT LAUDERDALE, FL 33325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAIMES, BURTON K 875 THIRD AVE. #1433 NEW YORK, NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Burt K. Haimes Burton K. Haimes 7-12-04 (212) 603-2060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 801270 4301893

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

ORDER DATE : July 13, 2004

ORDER TIME : 10:02 AM

ORDER NO. : 801270-005

CUSTOMER NO: 4301893

CUSTOMER: Ms. Barbie Patterson
Thelen Reid & Priest Llp
875 Third Avenue

New York, NY 10022

ANNUAL REPORT FILING

NAME: INTERCOUNTY LABORATORIES -
USL, INC.

RECEIVED
04 JUL 13 AM 10:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: _____