# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2005 8:00 am**
**Secretary of State**
04-25-2005 90254 016 ***150.00

DOCUMENT # F03000001638

1. Entity Name
INTERCOUNTY LABORATORIES - USL, INC.

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

04192005 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address c/o THELEN REID & PRIEST LLP |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc.<br>875 THIRD AVE. #1433 |
| City & State | City & State<br>NEW YORK, NY 10022 |
| Zip / Country | Zip / Country<br>10022 / USA |

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**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**7. Name and Address of New Registered Agent**

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>PIEDELIEVRE, FRANK<br>17 BIS, PLACE DES REFLETS, LA DEFENSE 2<br>94000 COURBEVOIE, FRANCE, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EVP and COO<br>LYNCH, MARK<br>11860 W. STATE ROAD 84, STE. 1<br>FT. LAUDERDALE, FL 33325 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>TARDAN, FRANCOIS<br>17 BIS, PLACE DES REFLETS, LA DEFENSE 2<br>94000 COURBEVOIE, FRANCE, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>TONG, RICHARD<br>11860 W. STATE ROAD 84, STE. 1<br>FT. LAUDERDALE, FL 33325 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DCEO<br>WRIGHT, DICKERSON C<br>7895 CONVOY CT. #18<br>SAN DIEGO, CA 92111 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HOCKMAN, ALEXANDER A<br>308 NW 170 ST<br>NORTH MIAMI BEACH, FL 33169 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | FC<br>DAMASCENO, LUIS CARLOS<br>11860 W. STATE ROAD 84, STE. 1<br>FT LAUDERDALE, FL 33325 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>HAIMES, BURTON K<br>875 THIRD AVE. #1433<br>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:** Burton K. Haimes Burton K. Haimes 4-20-05 (212) 603-2060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #