

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005134

FILED
Jun 11, 2012
Secretary of State

Entity Name: ICON CLINICAL RESEARCH, INC.

Current Principal Place of Business:

212 CHURCH ROAD
NORTH WALES, PA 19454 US

New Principal Place of Business:

Current Mailing Address:

212 CHURCH RD
NORTH WALES, PA 19454 US

New Mailing Address:

FEI Number: 23-2689156 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: CUTLER, STEVE
Address: 212 CHURCH RD
City-St-Zip: NORTH WALES, PA 19454 US

Title: DS
Name: KERINS, MARIE
Address: SOUTH COUNTY BUSINESS PARK, LEOPARDSTOWN
City-St-Zip: DUBLIN, IRELAND, NA 18 EI

Title: AS
Name: JANOSKI, CHRIS
Address: 212 CHURCH ROAD
City-St-Zip: NORTH WALES, PA 19454 US

Title: D
Name: GRAY, PETER
Address: SOUTH COUNTY BUSINESS PARK, LEOPARDSTOWN
City-St-Zip: DUBLIN, IRELAND, NA 18 EI

Title: D
Name: MURRAY, CIARAN
Address: SOUTH COUNTY BUSINESS PARK, LEOPARDSTOWN
City-St-Zip: DUBLIN, IRELAND, NA 18 EI

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: CHRIS JANOSKI

AS

06/11/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date