2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004856

1. Entity Name

CHARLES RIVER LABORATORIES, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State
02-22-2000 90006 005 ***150.00

Principal Place of Business	Mailing Address
ONE BAUSCH & LOMB PLACE ROCHESTER NY 14604	ONE BAUSCH & LOMB PLACE ROCHESTER NY 14604-2701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
251 Ballardvale St.	251 Ballardvale St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wilmington, MA	City & State: Wilmington, MA
Zip: 01887 Country: USA	Zip: 01887 Country: USA

4. FEI Number 76-0509980 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES, INC.
3620 BALDWIN DRIVE WEST
TALLAHASSEE FL 32308

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.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FOSTER, JAMES ONE BAUSCH & LOMB PLACE ROCHESTER NY 14604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D James Foster	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SHAUGHESSY, DENNIS R ONE BAUSCH & LOMB PLACE ROCHESTER NY 14604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S Dennis R. Shaughnessy	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V STILES, ROBERT B ONE BAUSCH & LOMB PLACE ROCHESTER NY 14604	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCCLUSKI, STEPHEN C ONE BAUSCH & LOMB PLACE ROCHESTER NY 14604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stephen C. McCluski	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V AKCKERMAN, THOMAS ONE BAUSCH & LOMB PLACE ROCHESTER NY 14604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FARNSWORTH, ALAN H ONE BAUSCH & LOMB PLACE ROCHESTER NY 14604	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Please see attached	☐ Change ☐ Addition

CR2E024 (3/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis R. Shaughnessy 2/14/00 978-658-6000 x1207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #