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2003 MAR 27 PH 12: 23



ACCOUNT NO. : 072100000032

REFERENCE: 970288 4702175

AUTHORIZATION

COST LIMIT

ORDER DATE: March 17, 2003

ORDER TIME: 9:28 AM

ORDER NO. : 970288-050

CUSTOMER NO: 4702175

CUSTOMER: Mrs. Marcia J. Gookin

Charles River Laboratories,

251 Ballardvale St.

Wilmington, MA 01887

CHANGE OF AGENT

NAME:

CHARLES RIVER LABORATORIES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	e provisions of sections 607.0502, 6	517.0502, 607.1508, or 617.1508,	, Florida Statutes,
this statement o	of change is submitted for a corporat	ion organized under the laws of th	ne State of
Delaware	in order to change its registe	ered office or registered agent, or	· both, in the State
of Florida.			
1. The name of	f the corporation: CHARLES RIVER LAB	ORATORIES, INC.	
2. The principa	l office address: 251 Ballardvale S	treet, Wilmington, MA 01887	2003 MAR
3. The mailing	address (if different):		27 PH
4. Date of inco	rporation/qualification: September 2	2, 1999 Document number: F9	90000048
5. The name ar	nd street address of the current registe artment of State:		
	C T Corporation System		_
	1200 South Pine Island Road		
	Plantation, FL 33324		<u>. </u>
6. The name a changed):	and street address of the new regist	ered agent (if changed) and /or r	egistered office (if
	Corporation Service Company		
	1201 Hays Street (P.O. Box or personal m	nailbox NOT acceptable)	-
	Tallahassee, FL 32301		
The street add agent, as chan	ress of its registered office and the s ged will be identical.	street address of the business office	ce of its registered
Such change vauthorized by	was authorized by resolution duly ad the board, or the corporation has be	lopted by its board of directors or en notified in writing of the chan	by an officer so ge.
(Signature of an office	cer, chairman or vice chairman of the board)	Maureen Cullen, Attorney-in- (Printed or typed name and title	
I further agree performance of registered age	ot the appointment as registered age e to comply with the provisions of a of my duties, and I am familiar with ent. Or, if this document is being fil s, I hereby confirm that the corporat	il statutes relative to the proper a and accept the obligation of my p ed merely to reflect a change in t	na complete position as he registered
Macin	(Signature of Registered Agent)	March 26, 2003 (Date)	
If signing on bel			
Jacqueline M. Giles (Typed or Printed Name)		Asst. Vice President (Capacity)	<u></u>

* * * FILING FEE: \$35.00 * * *