

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37566

FILED
Apr 23, 2012
Secretary of State

Entity Name: SPECIALTY LABORATORIES, INC.

Current Principal Place of Business:

3 GIRALD FARMS
MADISON, NJ 07940

New Principal Place of Business:

27027 TOURNEY ROAD
VALENCIA, CA 91355

Current Mailing Address:

3 GIRALD FARMS
MADISON, NJ 07940

New Mailing Address:

3 GIRALD FARMS
3RD FLOOR
MADISON, NJ 07940

FEI Number: 95-2961036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CSC
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PRES
Name: SHORTEN, DERMOT V
Address: 3 GIRALD FARMS, 3RD FLOOR
City-St-Zip: MADISON, NJ 07940

Title: SEC
Name: O'SHAUGHNESSY, WILLIAM J
Address: 3 GIRALD FARMS, 3RD FLOOR
City-St-Zip: MADISON, NJ 07940

Title: VPT
Name: O'KEEF, ROBERT F
Address: 3 GIRALD FARMS, 3RD FLOOR
City-St-Zip: MADISON, NJ 07940

Title: VP
Name: MYRDAL, KAY L
Address: 3 GIRALD FARMS, 3RD FLOOR
City-St-Zip: MADISON, NJ 07940

Title: VP
Name: CALAMARI, STEPHEN A
Address: 3 GIRALD FARMS, 3RD FLOOR
City-St-Zip: MADISON, NJ 07940

Title: VPD
Name: LUKAS, MICHAEL G
Address: 3 GIRALD FARMS, 3RD FLOOR
City-St-Zip: MADISON, NJ 07940

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: WILLIAM J. O'SHAUGHNESSY JR.

SEC

04/23/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date