

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000008660

**Entity Name:** ORTHO-CLINICAL DIAGNOSTICS FINCO S.A.R.L. LLC

**Current Principal Place of Business:**

6303 BLUE LAGOON DRIVE  
SUITE 400  
MIAMI, FL 33126

**Current Mailing Address:**

6303 BLUE LAGOON DRIVE  
SUITE 400  
MIAMI, FL 33126 US

**FEI Number:** 98-1169980

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           MADAAUS, MARTIN  
Address        1001 US ROUTE 202 NORTH  
City-State-Zip: RARITAN NJ 08869

Title           MANAGER  
Name           SCHLESINGER, MICHAEL A.  
Address        1001 US ROUTE 202 NORTH  
City-State-Zip: RARITAN NJ 08869

Title           MANAGER  
Name           LECLERCQ, PHILIPPE  
Address        5, RUE GUILLAUME KROLL  
City-State-Zip: L-1882, LUXEMBOURG

Title           MANAGER  
Name           RICCI, LAURENT  
Address        5, RUE GUILLAUME KROLL  
City-State-Zip: L-1882 LUXEMBOURG

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL A. SCHLESINGER

**MANAGER**

**09/17/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date