

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000005134

**Entity Name:** ICON CLINICAL RESEARCH, INC.

**Current Principal Place of Business:**

2100 PENNBROOK PARKWAY  
NORTH WALES, PA 19454

**Current Mailing Address:**

2100 PENNBROOK PARKWAY  
NORTH WALES, PA 19454 US

**FEI Number:** 23-2689156

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** ELIZABETH A. DAWSON

04/23/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name CUTLER, STEVE  
Address 2100 PENNBROOK PARKWAY  
City-State-Zip: NORTH WALES PA 19454

Title ASST. TREASURER  
Name JANOSKI, CHRIS  
Address 2100 PENNBROOK PARKWAY  
City-State-Zip: NORTH WALES PA 19454

Title DIRECTOR, CEO  
Name MURRAY, CIARAN  
Address SOUTH COUNTY BUSINESS PARK  
City-State-Zip: LEOPARDSTOWN, DUBLIN 18

Title DIRECTOR, CFO  
Name BRENNAN, BRENDAN  
Address SOUTH COUNTY BUSINESS PARK  
City-State-Zip: LEOPARDSTOWN, DUBLIN 18

Title DIRECTOR, SECRETARY  
Name CUNNINGHAM, DIARMAID  
Address SOUTH COUNTY BUSINESS PARK  
City-State-Zip: LEOPARDSTOWN, DUBLIN 18

*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

ASST. TREASURER

04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date