

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003768

Entity Name: LIFE TECHNOLOGIES CLINICAL SERVICES LAB, INC.

Current Principal Place of Business:

168 THIRD AVENUE
WALTHAM, MA 02451

Current Mailing Address:

168 THIRD AVENUE
WALTHAM, MA 02451 US

FEI Number: 20-8068978

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
2ND FL
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: JASON FISCHER

04/24/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, CFO, ASSISTANT
SECRETARY
Name SMITH, ANTHONY H
Address 168 THIRD AVENUE
City-State-Zip: WALTHAM MA 02451

Title ASSISTANT SECRETARY
Name MACLEOD, GENOFFIR M
Address 5781 VAN ALLEN WAY
City-State-Zip: CARLSBAD CA 92008

Title ASSISTANT TREASURER
Name SPELLMAN, MAURA A
Address 168 THIRD AVENUE
City-State-Zip: WALTHAM MA 02451

Title ASSISTANT TREASURER, ASSISTANT
SECRETARY
Name BRUNI, JAMES E
Address 300 INDUSTRY DRIVE
City-State-Zip: PITTSBURGH PA 15275

Title ASSISTANT SECRETARY
Name MICHAUD, MICHAEL K
Address 168 THIRD AVENUE
City-State-Zip: WALTHAM MA 02451

Title ASSISTANT SECRETARY
Name COLTON, STEPHANIE
Address 5823 NEWTON DR
City-State-Zip: CARLSBAD CA 92008

Title DIRECTOR, PRESIDENT, SECRETARY
Name CHEN, JULIA L
Address 168 THIRD AVE
City-State-Zip: WALTHAM MA 02451

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: JAMES E BRUNI

ASSISTANT SECRETARY 04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date