

**2019 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

**FILED**  
**Apr 25, 2019**  
**Secretary of State**  
**7956859066CC**

**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**

**04/25/2019**

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           PRESIDENT, DIRECTOR, SECRETARY  
Name           BRIANSKY, SHARON S  
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

*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   04/25/2019**

Electronic Signature of Signing Officer/Director Detail

Date