

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003768

**Entity Name:** LIFE TECHNOLOGIES CLINICAL SERVICES LAB, INC.

**Current Principal Place of Business:**

5791 VAN ALLEN WAY  
CARLSBAD, CA 92008

**Current Mailing Address:**

5791 VAN ALLEN WAY  
CARLSBAD, CA 92008 US

**FEI Number: 20-8068978**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ANDREWS, RONNIE  
Address        5791 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 92008

Title            ASSISTANT SECRETARY  
Name            SECONDINE, JOSEPH W JR.  
Address        5791 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 92008

Title            ASSISTANT SECRETARY  
Name            SZEKERES, DAVID L  
Address        5791 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 92008

Title            CFO  
Name            HOFFMEISTER, DAVID F  
Address        5791 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 92008

Title            TREASURER  
Name            SMITH, DAVID H  
Address        5791 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 92008

Title            SECRETARY  
Name            COTTINGHAM, JOHN A  
Address        5791 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 92008

Title            ASST. TREASURER  
Name            WILLIAMS, RHYS  
Address        5791 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 92008

Title            DIRECTOR  
Name            SECONDINE, JOSEPH W JR.  
Address        5791 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 92008

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*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: DAVID L. SZEKERES**

**ASSISTANT SECRETARY    04/22/2013**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           HOFFMEISTER, DAVID F  
Address        5791 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 92008

Title           DIRECTOR  
Name           COTTINGHAM, JOHN A  
Address        5791 VAN ALLEN WAY  
City-State-Zip: CARLSBAD CA 92008