

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004274

**FILED**  
**Apr 15, 2013**  
**Secretary of State**  
**CC6046546962**

**Entity Name:** ORTHO-CLINICAL DIAGNOSTICS, INC.

**Current Principal Place of Business:**

1001 US HIGHWAY ROUTE 202 NORTH  
RARITAN, NJ 08869

**Current Mailing Address:**

1001 US HIGHWAY ROUTE 202 NORTH  
RARITAN, NJ 08869 US

**FEI Number:** 22-3329332

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
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

**Officer/Director Detail :**

Title           TREASURER/VICE PRESIDENT  
Name           MCMAHON, ROBERT W  
Address        1001 US HIGHWAY ROUTE 202  
                  NORTH  
City-State-Zip: RARITAN NJ 08869

Title           SECRETARY/DIRECTOR  
Name           ANTAR, STACEY B  
Address        1001 US HIGHWAY ROUTE 202  
                  NORTH  
City-State-Zip: RARITAN NJ 08869

Title           PRESIDENT  
Name           COMPTON, ERIC B  
Address        1001 US HIGHWAY ROUTE 202  
                  NORTH  
City-State-Zip: RARITAN NJ 08869

*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:** STACEY B ANTAR

**SECRETARY**

**04/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date