

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000938

**Entity Name:** ALERE INFORMATICS, INC.

**Current Principal Place of Business:**

2000 HOLIDAY DRIVE  
SUITE 500  
CHARLOTTESVILLE, VA 22901

**Current Mailing Address:**

2000 HOLIDAY DRIVE  
SUITE 500  
CHARLOTTESVILLE, VA 22901 US

**FEI Number:** 54-1708417

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR, SECRETARY  
Name CHINIARA, ELLEN  
Address 51 SAWYER ROAD  
SUITE 200  
City-State-Zip: WALTHAM MA 02453

Title PRESIDENT  
Name SCHEU, PETER  
Address 2000 HOLIDAY DRIVE  
SUITE 500  
City-State-Zip: CHARLOTTESVILLE VA 22901

Title DIRECTOR, ASST. SECRETARY  
Name BARRY, DOUGLAS JOHN  
Address 51 SAWYER ROAD  
SUITE 200  
City-State-Zip: WALTHAM MA 02453

Title DIRECTOR  
Name NAWANA, NAMAL  
Address 51 SAWYER ROAD  
SUITE 200  
City-State-Zip: WALTHAM MA 02453

*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:** DOUGLAS JOHN BARRY

**ASSISTANT SECRETARY** 04/12/2016

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

\_\_\_\_\_  
Date