

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000000938

Entity Name: ALERE INFORMATICS, INC.**Current Principal Place of Business:**2000 HOLIDAY DR, SUITE 500
CHARLOTTESVILLE, VA 22901**Current Mailing Address:**2000 HOLIDAY DR, SUITE 500
CHARLOTTESVILLE, VA 22901**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
Name POST, JIM
Address 2000 HOLIDAY DRIVE, SUITE 500
City-State-Zip: CHARLOTTESVILLE VA 22901

Title D, ASST. SECRETARY
Name MCNAMARA, JAY
Address 51 SAWYER RD, SUITE 200
City-State-Zip: WALTHAM MA 02453

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

Title VP
Name BAGGA, SUDHIR
Address 51 SAWYER ROAD, SUITE 200
City-State-Zip: WALTHAM MA 02453

Title S, D
Name CHINIARA, ELLEN
Address 51 SAWYER RD, SUITE 200
City-State-Zip: WALTHAM MA 02453

Title AS
Name FISTER, III, JULIUS
Address 51 SAWYER RD, SUITE 200
City-State-Zip: WALTHAM MA 02453

Title TREASURER, VP
Name JOHNSON, KRISTA
Address 2000 HOLIDAY DRIVE, SUITE 500
City-State-Zip: CHARLOTTESVILLE VA 22901

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: JAY MCNAMARA**DIRECTOR****04/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date