

2017 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
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

Title	VICE PRESIDENT
Name	ZIEGLER, CHARLES
Address	2 RESEARCH WAY
City-State-Zip:	PRINCETON NJ 08540

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**DIRECTOR****03/24/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date