## 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002999

**Entity Name: BIORELIANCE CORPORATION** 

**Current Principal Place of Business:** 

14920 BROSCHART RD ROCKVILLE. MD 20850

**Current Mailing Address:** 

3050 SPRUCE ST ST. LOUIS. MO 63103

FEI Number: 52-1541583 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASST. TREASURER

CORPORATION SERVICE COMPANY 1201 HAYS STREET 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:

Title

Electronic Signature of Registered Agent

Date

**FILED** Apr 05, 2017

**Secretary of State** 

CC3299020482

Officer/Director Detail:

PRESIDENT AND DIRECTOR Title Title SECRETARY, VP

CULLEN, ARCHIE Name Name HUTCHINSON, DAVID P 14920 BROSCHART RD Address 290 CONCORD RD Address City-State-Zip: BILLERICA MA 01821 ROCKVILLE MD 20850 City-State-Zip:

Title VP, TREASURER, DIRECTOR

Name ELLIOTT, MONICA Name KALKWARF, JEANNINE 290 CONCORD RD Address Address 3050 SPRUCE ST **BILLERICA MA 01821** City-State-Zip: City-State-Zip: ST. LOUIS MO 63103

VΡ Title ASST. SECRETARY Title

Name **BULPIN, ANDREW** Name MILEWICH, DANIEL Address 290 CONCORD RD 290 CONCORD RD Address City-State-Zip: BILLERICA MA 01821 City-State-Zip: BILLERICA MA 01821

Title

TRASATTI, MICHAEL Name 290 CONCORD RD Address BILLERICA MA 01821 City-State-Zip:

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: JEANNINE KALKWARF

ASST TREASURER

04/05/2017

Electronic Signature of Signing Officer/Director Detail

Date