

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000000197

**Entity Name:** MEDTOX LABORATORIES, INC.

**Current Principal Place of Business:**

402 WEST COUNTY ROAD D  
ST. PAUL, MN 55112

**Current Mailing Address:**

402 WEST COUNTY ROAD D  
ST. PAUL, MN 55112 US

**FEI Number: 52-1130579**

**Certificate of Status Desired: No**

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

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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT, SECRETARY  
Name VAN DER VAART, SANDRA D.  
Address 531 SOUTH SPRING STREET  
City-State-Zip: BURLINGTON NC 27215

Title TREASURER  
Name PRINGLE, ROBERT S.  
Address 206 CARNEGIE CENTER  
City-State-Zip: PRINCETON NJ 08540

Title DIRECTOR  
Name EISENBERG, GLENN A  
Address 531 SOUTH SPRING STREET  
City-State-Zip: BURLINGTON NC 27215

Title AUTHORIZED REPRESENTATIVE  
Name ANDERSON, STEVEN M PHD  
Address 402 WEST COUNTY ROAD D  
City-State-Zip: ST. PAUL MN 55112

*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: ANDERSON , STEVEN M, PHD**

**AUTHORIZED  
REPRESENTATIVE**

**04/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date