

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717203

FILED
May 14, 2008
Secretary of State

Entity Name: CLINICAL AND LABORATORY STANDARDS INSTITUTE, INC.

Current Principal Place of Business:

940 WEST VALLEY ROAD
SUITE 1400
WAYNE, PA 19087

New Principal Place of Business:

Current Mailing Address:

940 WEST VALLEY ROAD
SUITE 1400
WAYNE, PA 19087

New Mailing Address:

FEI Number: 23-7089361 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HABIG, ROBERT L PHD
Address: 6130 GULFVIEW DRIVE
City-St-Zip: GURNEE, IL 60031

Title: V () Delete
Name: FINE, GLEN
Address: 940 WEST VALLEY RD., STE 1400
City-St-Zip: WAYNE, PA 19087

Title: T () Delete
Name: MILLER, GREGORY PHD
Address: PO BOX 980286
City-St-Zip: RICHMOND, VA 23298

Title: D () Delete
Name: HOELTGE, GERALD A MD
Address: 9500 EUCLID AVE
City-St-Zip: CLEVELAND, OH 44195

Title: D (X) Delete
Name: HEARN, THOMAS L PHD
Address: 1600 CLIFTON ROAD (MS-G25)
City-St-Zip: ATLANTA, GA 30333

Title: S (X) Delete
Name: BRINSTER, WAYNE L
Address: 780 PLANTATION DRIVE
City-St-Zip: BURLINGTON, NC 27215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOELTGE, GERALD A MD
Address: 9500 EUCLID AVE
City-St-Zip: CLEVELAND, OH 44195

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GANTZER, MARYLOU PHD
Address: 700 GBC DRIVE, M/S 709
City-St-Zip: NEWARK, DE 19702

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HEALY

D

05/14/2008

Electronic Signature of Signing Officer or Director

Date