

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717203

FILED
Mar 25, 2009
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: HOELTGE, GERALD A MD
Address: 9500 EUCLID AVE
City-St-Zip: CLEVELAND, OH 44195

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GLEN V. FINE

EVP

03/25/2009

Electronic Signature of Signing Officer or Director

Date