2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717203

Apr 27, 2012 Secretary of State

Entity Name: CLINICAL AND LABORATORY STANDARDS INSTITUTE, INC.

Current Principal Place of Business: New Principal Place of Business:

940 WEST VALLEY ROAD 950 WEST VALLEY ROAD

SUITE 1400 SUITE 2500

WAYNE, PA 19087 WAYNE, PA 19087

Current Mailing Address: New Mailing Address:

940 WEST VALLEY ROAD 950 WEST VALLEY ROAD SUITE 2500

SUITE 1400 WAYNE, PA 19087 WAYNE, PA 19087 US

FEI Number: 23-7089361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

C T CORPORATION SYSTEM CT CORPORATION 1200 SOUTH PINE ISLANDROAD

1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 PLANTATION, FL 33324

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: CONNIE BRYAN 04/27/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

PRES

GANTZER, MARY LOU DR. Name: Address: 18 GALLANT FOX COURT City-St-Zip: BEAR, DE 197013381 US

Title: EVP Name: FINE, GLEN

Address: 950 WEST VALLEY ROAD, SUITE 2500

City-St-Zip: WAYNE, PA 19087 US

Title: **TRES**

HOELTGE, GERALD DR. Name: Address: 17310 OLD TANNERY TRAIL City-St-Zip: CHAGRIN FALLS, OH 44023 US

Title: SEC.

Name: ZAKOWSKI, JACK PHD 200 S. KREAMER BLVD W-584 Address:

City-St-Zip: BREA, CA 92821 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARC J. STORMES, CPA VΡ 04/27/2012