

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 808443

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** UNDERWRITERS' LABORATORIES, INC.

**Current Principal Place of Business:**

333 PFINGSTEN ROAD  
NORTHBROOK, IL 60062

**New Principal Place of Business:**

**Current Mailing Address:**

333 PFINGSTEN ROAD  
NORTHBROOK, IL 60062

**New Mailing Address:**

**FEI Number:** 36-1892375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33311 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: PCEO  
Name: WILLIAMS, K E  
Address: 333 PFINGSTEN ROAD  
City-St-Zip: NORTHBROOK, IL 60062

Title: SVP  
Name: SCHAEFER, A W  
Address: 333 PFINGSTEN RD.  
City-St-Zip: NORTHBROOK, IL

Title: SVP  
Name: SALTZMAN, M A  
Address: 333 PFINGSTEN RD.  
City-St-Zip: NORTHBROOK, IL 60062

Title: CS  
Name: GANGEMI, C R  
Address: 333 PFINGSTEN RD.  
City-St-Zip: NORTHBROOK, IL 60062

Title: D  
Name: MARCON, F R  
Address: 1500 S. OCEAN BLVD.  
City-St-Zip: MANALAPAN, FL 33462

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: COLUMBUS R. GANGEMI

CS

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date