


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 833683 (6) 1. Corporation Name LABORATORY CORPORATION OF AMERICA					
Principal Place of Business 358 S. MAIN ST. PO BOX 2230 BURLINGTON NC 27216-2230 US			Mailing Address PO BOX 2230 TAX DEPT. BURLINGTON NC 27216-2230		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/21/1975 4. FEI Number 84-0611484 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPCF	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELINGBURG, WESLEY		1.2 NAME		
STREET ADDRESS	231 MAPLE AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON NC		1.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACMAHON, THOMAS		2.2 NAME		
STREET ADDRESS	358 S. MAIN ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON NC		2.4 CITY-ST-ZIP		
TITLE	EVPS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, BRADFORD T		3.2 NAME		
STREET ADDRESS	358 S. MAIN ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON NC 27215		3.4 CITY-ST-ZIP		
TITLE	VPSC	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STARK, STEVAN R.		4.2 NAME		
STREET ADDRESS	358 S. MAIN ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON NC		4.4 CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STURGILL, RONALD		5.2 NAME		
STREET ADDRESS	358 S. MAIN ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON NC		5.4 CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELAHN, WILLIAM M.		6.2 NAME		
STREET ADDRESS	358 S. MAIN ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON NC		6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

SIGNATURE: _____

Wesley Elingburg, President 1/22/98 358-229-1127

CR2E034 (10/97)