

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90379 033 \*\*\*150.00

**DOCUMENT # 833683**

1. Entity Name

LABORATORY CORPORATION OF AMERICA

**DO NOT WRITE IN THIS SPACE**

637317

2. Principal Place of Business

231 MAPLE AVE.

3. Mailing Address

231 MAPLE AVE.

Suite, Apt. #, etc.

PO BOX 2230

Suite, Apt. #, etc.

PO BOX 2230

City & State

BURLINGTON, NC

City & State

BURLINGTON, NC

Zip

27215

Country

USA

Zip

27215

Country

USA

4. FEI Number

84-0611484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPCF  
ELINGBURG, WESLEY R.  
231 MAPLE AVE.  
BURLINGTON NC 27215

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MACMAHON, THOMAS P.  
358 S. MAIN ST.  
BURLINGTON, NC 27215

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVPS  
SMITH, BRADFORD T.  
358 S. MAIN ST.  
BURLINGTON, NC 27215

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP  
LAI-GOLDMAN, MYLA P.  
358 S. MAIN ST.  
BURLINGTON, NC 27215

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP  
NOVAK, RICHARD L.  
358 S. MAIN ST.  
BURLINGTON, NC 27215

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVP  
STARK, STEVEN R.  
358 S. MAIN ST.  
BURLINGTON, NC 27215

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WESLEY R. ELINGBURG

Date

4/10/02

Daytime Phone #

336-436-4974

CR2E034B (12/01)