


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90012 029 ***150.00

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|---|--|---|---|--|--|
| DOCUMENT # 833683 1. Entity Name LABORATORY CORPORATION OF AMERICA | | | |  | |
| Principal Place of Business 231 MAPLE AVE. PO BOX 2230 BURLINGTON, NC 27216-2230 US | | | Mailing Address 231 MAPLE AVE. PO BOX 2230 BURLINGTON, NC 27216-2230 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPCF ELINGBURG, WESLEY <input type="checkbox"/> Delete 231 MAPLE AVE. BURLINGTON, NC | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Jean Luc Beligand <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 42 Rue du Dr. Blanche 75016 Paris, France | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MACMAHON, THOMAS <input type="checkbox"/> Delete 358 S. MAIN ST. BURLINGTON, NC | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Keith Weikel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 333 N. Summit St. Toledo, OH 43604-2617 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVPS SMITH, BRADFORD T <input type="checkbox"/> Delete 358 S. MAIN ST. BURLINGTON, NC 27215 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Wendy E Lane <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 348 Grove St Needham, MA 02492 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPSC STARK, STEVAN R. <input checked="" type="checkbox"/> Delete 358 S. MAIN ST. BURLINGTON, NC | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Andrew Wallace <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2112 Faucette Mill Rd Hillsborough, NC 27378 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP STURGILL, RONALD <input checked="" type="checkbox"/> Delete 358 S. MAIN ST. BURLINGTON, NC | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Robert M. Mittlestaedt <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director 255 South 38th St. Philadelphia, PA 19104-6359 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP MEILAHN, WILLIAM M. <input checked="" type="checkbox"/> Delete 358 S. MAIN ST. BURLINGTON, NC | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered. | | | | | |
| SIGNATURE: <u>Wesley R. Elingburg</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: <u>1/7/05</u> Daytime Phone #: <u>336-436-4207</u> | | |