

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833683

FILED
Jan 04, 2008
Secretary of State

Entity Name: LABORATORY CORPORATION OF AMERICA

Current Principal Place of Business:

231 MAPLE AVE.
PO BOX 2230
BURLINGTON, NC 272162230 US

Current Mailing Address:

231 MAPLE AVE.
PO BOX 2230
BURLINGTON, NC 272162230 US

New Principal Place of Business:

231 MAPLE AVE.
231 MAPLE AVENUE
BURLINGTON, NC 272162230 US

New Mailing Address:

231 MAPLE AVE.
BURLINGTON, NC 272162230 US

FEI Number: 84-0611484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EVPT () Delete
Name: HAYES, WILLIAM B
Address: 231 MAPLE AVENUE
City-St-Zip: BURLINGTON, NC 27215

Title: P () Delete
Name: KING, DAVID P
Address: 430 D SPRING ST
City-St-Zip: BURLINGTON, NC 27215

Title: EVPS () Delete
Name: SMITH, BRADFORD T
Address: 358 S. MAIN ST.
City-St-Zip: BURLINGTON, NC 27215 US

Title: D () Delete
Name: BELINGARD, JEAN LUE
Address: 430 SPRING ST
City-St-Zip: BURLINGTON, NC 27215

Title: D () Delete
Name: WEIKEL, KEITH
Address: 430 S SPRING ST
City-St-Zip: BURLINGTON, NC 27215

Title: D () Delete
Name: LANE, WENDY E
Address: 430 S SPRING ST
City-St-Zip: BURLINGTON, NC 27215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM B HAYES

TREA

01/04/2008

Electronic Signature of Signing Officer or Director

Date