2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#833683

Entity Name: LABORATORY CORPORATION OF AMERICA

FILED Jan 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 231 MAPLE AVE. 231 MAPLE AVENUE BURLINGTON, NC 272162230 US **Current Mailing Address: 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: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **FVPT** () Delete () Change () Addition HAYES, WILLIAM B Name: Name: 231 MAPLE AVENUE Address: Address: City-St-Zip: BURLINGTON, NC 27215 City-St-Zip: Title: Title: () Delete () Change () Addition Name: KING, DAVID P Name: 430 D SPRING ST Address: Address: BURLINGTON, NC 27215 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition **FVPS FVPS** SMITH, BRADFORD T EBERTS, FLOYD S III Name: Name: 358 S MAIN ST 531 S SPRING STREET Address: Address: City-St-Zip: BURLINGTON, NC 27215 US City-St-Zip: BURLINGTON, NC 27215 US Title: () Delete Title: (X) Change () Addition BELINGARD, JEAN LUE BELINGARD, JEAN LUC Name: Name: Address: 430 SPRING ST Address: 430 SPRING ST City-St-Zip: BURLINGTON, NC 27215 City-St-Zip: BURLINGTON, NC 27215 Title: Title: () Delete () Change () Addition WEIKEL, KEITH Name: Name: 430 S SPRING ST Address: Address: BURLINGTON, NC 27215 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition LANE, WENDY E Name: Name: 430 S SPRING ST Address: Address: City-St-Zip: City-St-Zip: BURLINGTON, NC 27215

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 EVPT 01/09/2009