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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **847036** (1)
1. Corporation Name
SMITHKLINE BEECHAM CLINICAL LABORATORIES, INC.

Principal Place of Business: **1201 S COLLEGEVILLE RD COLLEGEVILLE PA 19426 US**
Mailing Address: **ONE FRANKLIN PLAZA FP2335 PHILADELPHIA PA 19101 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/23/1980** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **38-2084239** Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. 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 City: 84 State: **FL** 85 Zip Code:

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: STOUGHTON, W. V STREET ADDRESS: 1201 S COLLEGEVILLE RD COLLEGEVILLE PA CITY - ST - ZIP:		1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY - ST - ZIP:	
TITLE: VD NAME: NOVAK, RICHARD L STREET ADDRESS: 1201 S COLLEGEVILLE RD COLLEGEVILLE PA CITY - ST - ZIP:		2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY - ST - ZIP:	
TITLE: T NAME: SHULBY, WILLIAM J STREET ADDRESS: ONE FRANKLIN PLAZA PHILADELPHIA PA CITY - ST - ZIP:		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY - ST - ZIP:	
TITLE: VS NAME: WHITE, ALBERT J STREET ADDRESS: ONE FRANKLIN PLAZA PHILADELPHIA PA CITY - ST - ZIP:		4.1 TITLE: SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY - ST - ZIP:	
TITLE: V NAME: CORRIGAN, MICHAEL F. STREET ADDRESS: 1201 S COLLEGEVILLE RD COLLEGEVILLE PA CITY - ST - ZIP:		5.1 TITLE: VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: OKKEASE, JOHN B. 5.3 STREET ADDRESS: 1201 S. COLLEGEVILLE ROAD COLLEGEVILLE, PA 19426 5.4 CITY - ST - ZIP:	
TITLE: VD NAME: MOORE, MICHAEL W. STREET ADDRESS: 1201 S COLLEGEVILLE RD COLLEGEVILLE PA CITY - ST - ZIP:		6.1 TITLE: VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: HARDISON, DON 6.3 STREET ADDRESS: 1201 S. COLLEGEVILLE ROAD COLLEGEVILLE, PA 19426 6.4 CITY - ST - ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William J. Shulby* **WILLIAM J. SHULBY** 4/20/95 216-751-4000
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Month & Day)

847036

DOCUMENT #847036 (1)
FEI # 38-2084237

**SMITHKLINE BEECHAM CLINICAL LABORATORIES, INC.
OFFICERS & DIRECTORS**

NAME	POSITION(S)	ADDRESS
W. Vickery Stoughton	Director/President	1201 S. Collegeville Road Collegeville, PA 19426
John B. Okkerse	Vice President	1201 S. Collegeville Road Collegeville, PA 19426
Richard L. Novak	Director/Vice President	1201 S. Collegeville Road Collegeville, PA 19426
Don Hardison	Director/Vice President	1201 S. Collegeville Road Collegeville, PA 19426
James M. Lord	Director/Vice President	1201 S. Collegeville Road Collegeville, PA 19426
William J. Shulby	Treasurer	One Franklin Plaza Philadelphia, PA 19101
Albert J. White	Secretary	One Franklin Plaza Philadelphia, PA 19101
Charles F. Kelly, Jr.	Assistant Treasurer	1201 S. Collegeville Road Collegeville, PA 19426
James V. Agnello	Assistant Treasurer	1201 S. Collegeville Road Collegeville, PA 19426
Robert F. Harchut	Assistant Secretary	One Franklin Plaza Philadelphia, PA 19101
Donald F. Parman	Assistant Secretary	One Franklin Plaza Philadelphia, PA 19101

2/23/95
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