

FILE NOW: FILING FEE AFTER MAY 1 IS \$200.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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**

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)

3. Date Incorporated or Qualified: **09/23/1980**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **38-2084239**
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

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

11. Name
12. Street Address (P.O. Box Number is Not Acceptable)
13.
14. City **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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STOUGHTON, W. V	
STREET ADDRESS	1201 S COLLEGEVILLE RD	
CITY-ST-ZIP	COLLEGEVILLE PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NOVAK, RICHARD L	
STREET ADDRESS	1201 S COLLEGEVILLE RD	
CITY-ST-ZIP	COLLEGEVILLE PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHULBY, WILLIAM J	
STREET ADDRESS	ONE FRANKLIN PLAZA	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, ALBERT J	
STREET ADDRESS	ONE FRANKLIN PLAZA	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	OKKERSE, JOHN B	
STREET ADDRESS	1201 S. COLLEGEVILLE ROAD	
CITY-ST-ZIP	COLLEGEVILLE PA	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	HARDISON, DON	
STREET ADDRESS	1201 S. COLLEGEVILLE ROAD	
CITY-ST-ZIP	COLLEGEVILLE PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
11. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	VICE PRES. & SECRETARY
13. STREET ADDRESS	J. CHARLES WAKERLY
14. CITY-ST-ZIP	ONE FRANKLIN PLAZA PHILADELPHIA, PA 19101
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. 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 119.07(3)(k), 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** 4/15/96 215-751-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)