

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 19102-1225 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/23/1980	3a. Date of Last Report 04/22/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 38-2084239		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STOUGHTON, W. V		1.2 NAME	OKKERSE, JOHN B			
STREET ADDRESS	1201 S COLLEGEVILLE RD		1.3 STREET ADDRESS	1201 S. COLLEGEVILLE RD			
CITY-ST-ZIP	COLLEGEVILLE PA		1.4 CITY-ST-ZIP	COLLEGEVILLE, PA 19426			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NOVAK, RICHARD L		2.2 NAME	LORD, JAMES H.			
STREET ADDRESS	1201 S COLLEGEVILLE RD		2.3 STREET ADDRESS	1201 S. COLLEGEVILLE RD			
CITY-ST-ZIP	COLLEGEVILLE PA		2.4 CITY-ST-ZIP	COLLEGEVILLE, PA 19426			
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHULBY, WILLIAM J		3.2 NAME				
STREET ADDRESS	ONE FRANKLIN PLAZA		3.3 STREET ADDRESS				
CITY-ST-ZIP	PHILADELPHIA PA		3.4 CITY-ST-ZIP				
TITLE	VPS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALKERYLY, CHARLES		4.2 NAME				
STREET ADDRESS	1 FRANKLIN PLAZA		4.3 STREET ADDRESS				
CITY-ST-ZIP	PHILADELPHIA PA		4.4 CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OKKERSE, JOHN B		5.2 NAME	YAMADA, TABATAKA			
STREET ADDRESS	1201 S. COLLEGEVILLE ROAD		5.3 STREET ADDRESS	ONE FRANKLIN PLAZA			
CITY-ST-ZIP	COLLEGEVILLE PA		5.4 CITY-ST-ZIP	PHILADELPHIA, PA 19101			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARDISON, DON		6.2 NAME	PARNAN, DONALD F			
STREET ADDRESS	1201 S. COLLEGEVILLE ROAD		6.3 STREET ADDRESS	ONE FRANKLIN PLAZA			
CITY-ST-ZIP	COLLEGEVILLE PA		6.4 CITY-ST-ZIP	PHILADELPHIA, PA 19101			

14. I do 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 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** 1/20/97 215-751-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)