

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90168 044 \*\*\*150.00

**DOCUMENT # 847036**

1. Entity Name

**QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.**

Principal Place of Business

Mailing Address

1201 S COLLEGEVILLE RD  
 COLLEGEVILLE PA 19426  
 US

ONE MALCOLM AVENUE  
 TETERBORO NJ 07608  
 US

00000700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-2084239**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PD MOHAPATRA, SURYA	ONE MALCOLM AVENUE	TETERBORO NJ 07608	<input type="checkbox"/>	<input type="checkbox"/>
	VD HAGEMANN, ROBERT	ONE MALCOLM AVENUE	TETERBORO NJ 07608	<input type="checkbox"/>	<input type="checkbox"/>
	T FINNEGAN, KENNETH	ONE MALCOLM AVENUE	TETERBORO NJ 07608	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	AT CALAMARI, STEPHEN	ONE MALCOLM AVENUE	TETERBORO NJ 07608	<input type="checkbox"/>	<input type="checkbox"/>
	S FARRENKOPF, LEO JR.	ONE MALCOLM AVENUE	TETERBORO NJ 07608	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	T JOSEPH MANDRY	ONE MALCOLM AVENUE	TETERBORO, NJ 07608	<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen Calamari*

**STEPHEN CALAMARI, ASST. TREASURER** 3/22/01

201-393-5284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)