

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90164 015 ***150.00

DOCUMENT # 847036

1. Entity Name

QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1201 S COLLEGEVILLE RD.

3. Mailing Address

ONE MALCOLM AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATT: TAX DEPT.

DO NOT WRITE IN THIS SPACE

City & State

COLLEGEVILLE, PA

City & State

TETERBORO, NJ

4. FEI Number

38-2084239

Applied For

Not Applicable

Zip

19426

Country

USA

Zip

07608

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301-2525

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	P/D
NAME	SURYA MOHAPATRA
STREET ADDRESS	ONE MALCOLM AVE.
CITY-ST-ZIP	TETERBORO, NJ 07608
TITLE	VP/D
NAME	ROBERT HAGEMANN
STREET ADDRESS	ONE MALCOLM AVE.
CITY-ST-ZIP	TETERBORO, NJ 07608
TITLE	S
NAME	LEO FARENKOPF JR.
STREET ADDRESS	ONE MALCOLM AVE.
CITY-ST-ZIP	TETERBORO, NJ 07608
TITLE	VT
NAME	JOSEPH MANORY
STREET ADDRESS	ONE MALCOLM AVE.
CITY-ST-ZIP	TETERBORO, NJ 07608
TITLE	V/P/AT
NAME	STEPHEN CALAMARI
STREET ADDRESS	ONE MALCOLM AVE.
CITY-ST-ZIP	TETERBORO, NJ 07608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen Calamari

STEPHEN CALAMARI
VICE PRESIDENT

4/18/02
Date

201-729-8440
Daytime Phone #

CR2E034B (12/01)