

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847036

FILED
Mar 16, 2006
Secretary of State

Entity Name: QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.

Current Principal Place of Business:

ONE MALCOLM AVE
TETERBORO, NJ 07608 US

New Principal Place of Business:

Current Mailing Address:

1290 WALL STREET WEST
LYNDHURST, NJ 07071 US

New Mailing Address:

FEI Number: 38-2084239 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOHAPATRA, SURYA N
Address: 1290 WALL STREET WEST
City-St-Zip: LYNDHURST, NJ 07071

Title: VPD () Delete
Name: HAGEMANN, ROBERT A
Address: 1290 WALL STREET WEST
City-St-Zip: LYNDHURST, NJ 07071

Title: VT () Delete
Name: MANORY, JOSEPH P
Address: 1290 WALL STREET WEST
City-St-Zip: LYNDHURST, NJ 07071

Title: AT () Delete
Name: CALAMARI, STEPHEN A
Address: 1290 WALL STREET WEST
City-St-Zip: LYNDHURST, NJ 07071

Title: S () Delete
Name: GUMMAREGULA, SIRISHA
Address: 1290 WALL STREET WEST
City-St-Zip: LYNDHURST, NJ 07071

Title: AS () Delete
Name: FARRENKOPT, LEO C JR
Address: 1290 WALL STREET WEST
City-St-Zip: LYNDHURST, NJ 07071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEO C. FARRENKOPT JR

AS

03/16/2006

Electronic Signature of Signing Officer or Director

_____ Date