2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2009
Secretary of State

DOCUMENT# F06000001206

Entity Name: REDWOOD TOXICOLOGY LABORATORY, INC.

Current Principal Place of Business:

3650 WESTWIND BLVD
SANTA ROSA, CA 95403

New Principal Place of Business:

Current Mailing Address:

PO BOX 5680
SANTA ROSA, CA 95402

New Mailing Address:

FEI Number: 68-0332937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: MOUNT, ROBERT A
Address: 3650 WESTWIND BLVD
City-St-Zip: SANTA ROSA, CA 95403

Title: TCFO ( ) Delete
Name: CHAPMAN, BARRY
Address: 3650 WESTWIND BLVD
City-St-Zip: SANTA ROSA, CA 95403

Title: D ( ) Delete
Name: BERGER, ALBERT A III
Address: 3650 WESTWIND BLVD
City-St-Zip: SANTA ROSA, CA 95403

Title: DS ( ) Delete
Name: CHINIARA, ELLEN
Address: 3650 WESTWIND BLVD
City-St-Zip: SANTA ROSA, CA 95403

Title: DP ( ) Delete
Name: BRIDGEN, JOHN
Address: 3650 WESTWIND BLVD
City-St-Zip: SANTA ROSA, CA 95403

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: V ( ) Change (X) Addition
Name: TEITEL, DAVID
Address: 3650 WESTWIND BLVD
City-St-Zip: SANTA ROSA, CA 95403

I hereby certify that the information supplied with this filing does not qualify 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: BARRY CHAPMAN TCFO 06/11/2009

Electronic Signature of Signing Officer or Director Date