

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004421

FILED  
Mar 08, 2012  
Secretary of State

**Entity Name:** IDEXX REFERENCE LABORATORIES, INC.

**Current Principal Place of Business:**

ONE IDEXX DRIVE  
WESTBROOK, ME 04092

**New Principal Place of Business:**

**Current Mailing Address:**

ONE IDEXX DRIVE  
WESTBROOK, ME 04092

**New Mailing Address:**

**FEI Number:** 01-0505450

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

**Title:** DCP  
**Name:** POWERS, JOHNNY D PHD  
**Address:** ONE IDEXX DRIVE  
**City-St-Zip:** WESTBROOK, ME 04092

**Title:** DTAS  
**Name:** RAINES, MERILEE  
**Address:** ONE IDEXX DRIVE  
**City-St-Zip:** WESTBROOK, ME 04092

**Title:** DVPS  
**Name:** DEADY, CONAN R  
**Address:** ONE IDEXX DRIVE  
**City-St-Zip:** WESTBROOK, ME 04092

**Title:** VP  
**Name:** HAMILTON, SCOTT P  
**Address:** ONE IDEXX DRIVE  
**City-St-Zip:** WESTBROOK, ME 04092

**Title:** VP  
**Name:** BAUR, GEOFFREY S  
**Address:** ONE IDEXX DRIVE  
**City-St-Zip:** WESTBROOK, ME 04092

I hereby 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 all other like empowered.

**SIGNATURE:** CONAN R. DEADY

DVPS

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date