2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2009
Secretary of State

DOCUMENT# F06000006900

Entity Name: CORRELAGEN DIAGNOSTICS, INC.

Current Principal Place of Business:

307 WAVERLEY OAKS RD.
SUITE 101
WALTHAM, MA 02452

New Principal Place of Business:

Current Mailing Address:

307 WAVERLEY OAKS RD.
SUITE 101
WALTHAM, MA 02452

New Mailing Address:

FEI Number: 04-2544215 **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

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: PC ( ) Delete
Name: MARGULIES, DAVID M
Address: 59 PINE RIDGE RD.
City-St-Zip: NEWTON, MA 02468

Title: D ( ) Delete
Name: MAJZOUB, JOSEPH A
Address: 12 HIGH MEADOW CIRCLE
City-St-Zip: WELLESLEY, MA 02482

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: MARGULIES, DAVID M
Address: 59 PINE RIDGE RD.
City-St-Zip: NEWTON, MA 02468 US

Title: D (X) Change ( ) Addition
Name: MAJZOUB, JOSEPH A
Address: 12 HIGH MEADOW CIRCLE
City-St-Zip: WELLESLEY, MA 02482 US

Title: CFO ( ) Change (X) Addition
Name: CARNEY, DAVID H
Address: 3 CASH'S COURT
City-St-Zip: NANTUCKET, MA 02554 US

Title: D ( ) Change (X) Addition
Name: ROSS, ANDREW
Address: 75 MYLES STANDISH ROAD
City-St-Zip: WESTIN, MA 02493 US

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: DAVID M. MARGULIES PCD 08/19/2009

Electronic Signature of Signing Officer or Director — Date