

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006900

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** CORRELAGEN DIAGNOSTICS, INC.

**Current Principal Place of Business:**

307 WAVERLEY OAKS RD.  
SUITE 101  
WALTHAM, MA 02452 US

**New Principal Place of Business:**

**Current Mailing Address:**

231 MAPLE AVENUE  
TAX DEPARTMENT  
BURLINGTON, NC 27215 US

**New Mailing Address:**

**FEI Number:** 04-3544215

**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 32301 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: PRES  
Name: EBERTS, FLOYD S III  
Address: 531 S SPRING STREET  
City-St-Zip: BURLINGTON, NC 27215 US

Title: TREA  
Name: HAYES, WILLIAM B  
Address: 231 MAPLE AVENUE  
City-St-Zip: BURLINGTON, NC 27215 US

Title: D  
Name: EBERTS, FLOYD S III  
Address: 531 S SPRING STREET  
City-St-Zip: BURLINGTON, NC 27215 US

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: WILLIAM B HAYES

TREA

01/04/2012

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

\_\_\_\_\_  
Date