

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004092

FILED  
May 01, 2011  
Secretary of State

**Entity Name:** EUROFINS ANALYTICAL TESTING CENTER, INC.

**Current Principal Place of Business:**

FL STATE COLLEGE JACKSONVILLE  
501 W. STATE ST ROOM T235B  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

2200 RITTENHOUSE ST., SUITE 175  
DES MOINES, IA 50321

**Current Mailing Address:**

FL STATE COLLEGE JACKSONVILLE  
501 W. STATE ST ROOM T235B  
JACKSONVILLE, FL 32202

**New Mailing Address:**

2200 RITTENHOUSE ST., SUITE 175  
DES MOINES, IA 50321

**FEI Number:** 27-3431064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NATIONAL CORPORATE RESEARCH LTD  
515 EAST PARK AVENUE  
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: P  
Name: SCANTLIN, MARC  
Address: 2200 RITTENHOUSE STREET, SUITE 175  
City-St-Zip: DES MOINES, IA 50321

Title: S  
Name: MICHALSKI, LOREN  
Address: 2200 RITTENHOUSE STREET, SUITE 175  
City-St-Zip: DES MOINES, IA 50321

Title: T  
Name: FASSBENDER, RALF  
Address: 2200 RITTENHOUSE STREET, SUITE 175  
City-St-Zip: DES MOINES, IA 50321

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: LOREN MICHALSKI

S

05/01/2011

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

\_\_\_\_\_  
Date