

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F12000002398

**FILED**  
**Oct 18, 2013**  
**Secretary of State**

**Entity Name:** TRICORE REFERENCE LABORATORIES, CORPORATION

**Current Principal Place of Business:**

1001 WOODWARD PL NE  
ALBUQUERQUE, NM 87102

**New Principal Place of Business:**

1001 WOODWARD PL NE  
ATTN: LEGAL & RISK SVS  
ALBUQUERQUE, NM 87102

**Current Mailing Address:**

1001 WOODWARD PL NE  
ALBUQUERQUE, NM 87102

**New Mailing Address:**

1001 WOODWARD PL NE  
ATTN: LEGAL & RISK SVS  
ALBUQUERQUE, NM 87102

**FEI Number:** 85-0444170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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:** MARIA OZAETA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CROSSEY, MICHAEL J  
**Address:** 1001 WOODWARD PL NE  
**City-St-Zip:** ALBUQUERQUE, NM 87102

**Title:** V  
**Name:** ENNIS, DOROTHY R  
**Address:** 1001 WOODWARD PL NE  
**City-St-Zip:** ALBUQUERQUE, NM 87102

**Title:** ST  
**Name:** POIKEY, LEONARD  
**Address:** 1001 WOODWARD PL NE  
**City-St-Zip:** ALBUQUERQUE, NM 87102

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MICHAEL J CROSSEY

CEO

10/18/2013

Electronic Signature of Signing Officer or Director

Date