FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002404 (2)**

1. Corporation Name

CORNING LAB SERVICES INC.

Principal Place of Business	Mailing Address
ONE MALCOLM AVE ATTN: TAX DEPT TETENBORO NJ 07608 US	ONE MALCOLM AVE ATTN: TAX DEPT TETENBORO NJ 07608 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/21/1993**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **16-1387862** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	~~GIBSON, E. MARTIN~~	1.2 NAME		
STREET ADDRESS	~~450 PARK AVENUE~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~NEW YORK NY~~	1.4 CITY-ST-ZIP		
TITLE	VS	2.1 TITLE		☐ Change ☐ Addition
NAME	MARIER, RAYMOND C	2.2 NAME		
STREET ADDRESS	ONE MALCOLM AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	TETERBORO NJ	2.4 CITY-ST-ZIP		
TITLE	VCFO	3.1 TITLE	VICFOIT	☒ Change ☐ Addition
NAME	VAN OORT, DOUGLAS M	3.2 NAME	JAMES D. CHAMBERS	
STREET ADDRESS	ONE MALCOLM AVE	3.3 STREET ADDRESS	ONE MALCOLM AVE.	
CITY-ST-ZIP	TETERBORO NJ	3.4 CITY-ST-ZIP	TETERBORO, NJ 07608	
TITLE	AS	4.1 TITLE		☐ Change ☐ Addition
NAME	FARRENKOPF, LEO C JR.	4.2 NAME		
STREET ADDRESS	ONE MALCOLM AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	TETERBORO NJ	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ACKERMAN, R G	5.2 NAME		
STREET ADDRESS	450 PARK AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10022	5.4 CITY-ST-ZIP		
TITLE	CCEO	6.1 TITLE		☐ Change ☐ Addition
NAME	THURMAN, RANDY H	6.2 NAME		
STREET ADDRESS	ONE MALCOLM AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	TETERBORO NJ	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: _____ LEO C. FARRENKOPF, JR. (201) 393-5415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C96170 FP