200	1 UNI	FORM BUSI	NESS REPO	ORT	(UB	R)		,	(W) 7	
DOCUMENT # F94000001261							FILED			
1. Entry Name U.S. Laboratories (Delaware) Inc.							01 NOV 21 F	M 2: 49		
	·						SECRETARY OF	STATE		
Purcipal Place of Business 4350 W. Sunrise Blvd.			Mailing Address				TALLAHASSEE	FLORIDA		
Suite 107			4350 W. Sunrise Blvd. Suite 107							
Plantation, FL 33313 Plantation, FL US US					313				^	
Principal Place of Business 11860 W. State Road 84 333 W. Wacker D. 334 W. W. Wacker D. 334 W. Wacker D. 334 W. Wacker D. 334 W.								$\mathcal{M}_{\mathcal{M}}$	$\sqrt{}$	
Suite, Apt. #, etc.			333 W. Wacker Drive/JRV Suite, Apt. #, etc.				DO NOT WRITI	E IN THUS SPACE	V	
#1 City & Sta	nto.		2700					_'\		
	uderdale	City & State Chicago, IL				4. FEI Number 33-0586167	R-+	Applied For Not Applicable		
Zip 33325		Country USA	Zip 60606	Cour	•		5. Certificate of Status Desired	□ \$8.75 A		
	6. Name	and Address of Current R		7 001			7. Name and Address of New Re			
The Prentice-Hall Corporation System, Inc.					Name	Name Corporation Service Company				
4350 W. Sunrise Blvd., Suite 107 Plantation, FL 33313					Street A	ddress (F	O. Box Number is Not Acceptable)			
					1201	Hays	Street			
	Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301 Date Soprature Typic or printed name Laguerored agent and little if applicable. (NOTE: Registered Agent signature required when recessaring) PRE Soprature Typic or printed name Laguerored agent and little if applicable. (NOTE: Registered Agent signature required when recessaring) After MAY-17 2001 Fig. will be \$550.00 After MAY-17 2001 Fig. will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution.									
8. The abov	e named entity	submits this statement for	the purpose of changing its	registere	ed office or	registere	ed agent, or both, in the State of Flori			
SIGNATURE Thutterques 1/20/01										
9 This corn	<u> </u>		Contract of the Contract of th		and the constant		4/6	DATE		
Tax filing	requirement as	nd elects to do so.	After MAY 1, 20	01 Fee	will be \$5	50.00	Trust Fund Contribution			
11.		OFFICERS AND D	And goest despite the party of the party of	12.	Mai milet	- ACMAN	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 11	
THTLE	CEO/Dir		☐ Delete	TITLE			Assistant Secretary	☐ Change		
NAME STREET ADDRESS		Dickerson 1. State Rd. 84,	, #1	NAME STREE	ET ADDRESS		rien, Mary Jo 5 Conv ø y Ct., #18		(1)	
CITY-ST-ZIP	Ft. Lau	derdale, FL 33	3325	CITY-	ST-ZIP	San	Diego, CA 92111		ORZE034 (11/00	
TITLE NAME	Exec. V Elzweig	P/Director . Garv	☐ Delete	TITLE	J			☐ Change	☐ Addition B	
STREET ADDRESS CITY-ST-ZIP	11860 W	. State Rd. 84,		STREE	T ADDRESS					
TITLE		derdale, FL 33	. Delete	TITLE	ST-ZIP			☐ Change	Addition	
NAME	Baron,	Mark		NAME	ĺ		-20000		- (
STREET ADDRESS CITY-ST-ZIP	Ft. Lau	. State Rd. 84, derdale, FL 33	#1 3325	4	T ADDRESS ST-ZIP					
TITLE		P/Director al, Martin B.	☐ Delete	TITLE	- 1			☐ Change	Addition .	
STREET ADDRESS	11860 W	. State Rd. 84,		NAME STREE	T ADDRESS					
CHY-ST-ZIP		derdale, FL 33		1	ST-ZIP					
NAME.	CFO/Dir Wasilew	ector ski, Joseph	☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	11860 W	. State Rd. 84,	#1 325		T ADDRESS ST-ZIP					
TITLE	Directo		☐ Delete	TITLE	J1 - 211"			☐ Change	Addition	
NAME STREET ADDRESS	Chapman	, Thomas H.		NAME	7.4000500					
STREET ADDRESS CITY-ST-ZIP		. State Rd. 84, derdale, FL 33	#1 3325		T ADDRESS ST-ZIP					
Indicated	on this report	or supplemental report is tr	ue and accurate and that m	itennis vr	ire shall ha	ve the sa	tion 119.07(3)(i), Florida Statutes. I fu ame legal effect as if made under oat	b: that I am an officer	or director	
of the cor changed,	poration or the , or on an attac	receive or trustee empow hment with an address, wit	ered to execute this report and all other like empowered.	as require	ed by Chap	oter 607,	Florida Statutes; and that my name a	ppears in Block 11 o	r Block 12 if	

SIGNATURE: _

DICKERON WASH 858-75-5800
Date IN 1990 1 Dayline Proce 4



Taly

November 15, 2001

Florida Department of State PL-02, The Capitol Tallahassee, Florida 32399-0250

Re: U.S. Laboratories Inc., 2001 (Delaware) (UBR)

Dear Sir/Madam:

Please accept the attached 2001 Uniform Business Report and accompanying check for \$150.00.

This firm never received the original annual reports for 2000 and 2001 and as a result we are requesting that the reinstatement fees be waived.

Thank you in advance for your consideration in this matter.

Respectfully,

MaryJo OBrien

Vice President & Assistant Secretary



753al3

ACCOUNT NO. : 072100000032

REFERENCE: 948723 4306601

AUTHORIZATION

COST LIMIT : \$ 150 00

ORDER DATE: November 20, 2001

ORDER TIME : 10:24 AM

ORDER NO. : 948723-005

CUSTOMER NO: 4306601

CUSTOMER: Ms. Rondi C. Simmons

Barack, Ferrazzano, Kirschbaum

333 West Wacker Drive

Suite 2700

Chicago, IL 60606

ANNUAL REPORT FILING

NAME: U.S. LABORATORIES (DELAWARE),

INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - Ext. 1135

EXAMINER'S INITIALS

OT NOV 21 AN II:

AM.