


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90124 039 \*\*\*158.75

DOCUMENT # F94000001261			
1. Entity Name U.S. LABORATORIES (DELAWARE) INC.			
Principal Place of Business 11860 W. STATE ROAD 84, #1 FORT LAUDERDALE, FL 33325 US		Mailing Address 333 W. WACKER DRIVE/IRV, #2700 CHICAGO, IL 60606	
2. Principal Place of Business		3. Mailing Address 11860 West State Road 84	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 1	
City & State		City & State Fort Lauderdale, FL	
Zip	Country	Zip	Country
33325	USA	33325	USA
4. FEI Number 33-0586167		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD WRIGHT, DICKERSON 11860 W. STATE ROAD 84, #1 FORT LAUDERDALE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Roy Moore 11860 W. State Road 84, #1 Fort Lauderdale, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD BARON, MARK 11860 W. STATE ROAD 84, #1 FORT LAUDERDALE, FL 33325 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MaryJo O'Brien 11860 W. State Road 84, #1 Fort Lauderdale, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD LOWENTHAL, MARTIN B 11860 W. STATE ROAD 84, #1 FORT LAUDERDALE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FC Luis Carlos Damasceno 11860 W. State Road 84, #1 Fort Lauderdale, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD WASILEWSKI, JOSEPH 11860 W. STATE ROAD 84, #1 FORT LAUDERDALE, FL 33325 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	I Francois Tardan 11860 W. State Road 84, #1 Fort Lauderdale, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, THOMAS H 11860 W. STATE ROAD 84, #1 FORT LAUDERDALE, FL 33325 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Burton K. Haimes 11860 W. State Road 84, #1 Fort Lauderdale, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Frank Piedelièvre 11860 W. State Road 84, #1 Fort Lauderdale, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Wright Dickerson</u>		DATE: _____ DAYTIME PHONE #: (954) 236-8100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

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