


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90211 029 ***150.00

DOCUMENT # F94000001261					
1. Entity Name U.S. LABORATORIES (DELAWARE) INC.					
Principal Place of Business % ORRICK, ATTN: B. HAIMES 666 FIFTH AVE., #2139 NEW YORK, NY 10103 US			Mailing Address % ORRICK, ATTN: B. HAIMES 666 FIFTH AVE., #2139 NEW YORK, NY 10103 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 33-0586167	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	04192007 Chg-P CR2E034 (12/06)	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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	DPC WRIGHT, DICKERSON 7895 CONVOY ST, STE 18 SAN DIEGO, CA 92111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'BRIEN, MARYJO 7895 CONVOY ST, STE 18 SAN DIEGO, CA 92111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC PIEDELIEVRE, FRANK 17 BIS, PL DES REFLETS, LA DEFENSE 2 COURBEVOIE, FR 92400	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRANCOIS, TARDAN 17 BIS, PL DES REFLETS, LA DEFENSE 2 COURBEVOIE, FR 92400	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAIMES, BURTON K 875 THIRD AVE., #1493 NEW YORK, NY 10022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition c/o ORRICK, 666 FIFTH AVE., #2139 NEW YORK, NY 10103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP TONG, RICHARD 11860 W. STATE RD 84, STE 1 FORT LAUDERDALE, FL 33325	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Burton K. Haimes</u>			Burton K. Haimes		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		
			4-26-07 (212) 506-5055		

40000000



ATTACHMENT
40086696

DOCUMENT # F94000001261

Entity Name: U.S. LABORATORIES (DELAWARE) INC.

Annex to Florida 2007 For Profit Corporation Annual Report

Block 11 – Additional Officer

Title	FINANCIAL CONTROLLER
Name	DAMASCENO, LUIS
Address	11860 W. STATE ROAD 84, STE. 1 FORT LAUDERDALE, FL 33325