

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000000131 (1)
1. Corporation Name
CORNING CLINICAL LABORATORIES INC



Principal Place of Business: **ONE MALCOLM AVENUE TETERBORO NJ 07608**
Mailing Address: **ONE MALCOLM AVENUE TETERBORO NJ 07608-1011**

3. Date Incorporated or Qualified: **01/09/1995**
3a. Date of Last Report: **05/01/1996**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	16-1387862	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	PCEO DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEMAN, KENNETH	1.2 NAME	
STREET ADDRESS	ONE MALCOLM AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TETERBORO NJ	1.4 CITY - ST - ZIP	
TITLE	EV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMON, KIM D M.D.	2.2 NAME	LED C. PARRENKOPF, JR.
STREET ADDRESS	ONE MALCOLM AVENUE	2.3 STREET ADDRESS	ONE MALCOLM AVE.
CITY - ST - ZIP	TETERBORO NJ 07608	2.4 CITY - ST - ZIP	TETERBORO, NJ 07608
TITLE	EVDO <input type="checkbox"/> DELETE	3.1 TITLE	VP INFORMATION <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, ALISTER W	3.2 NAME	
STREET ADDRESS	ONE MALCOLM AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TETERBORO NJ 07608	3.4 CITY - ST - ZIP	
TITLE	EV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP CFO TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAMBINO, S. RAYMOND M.D.	4.2 NAME	ROBERT A. CAROTHENS
STREET ADDRESS	ONE MALCOLM AVENUE	4.3 STREET ADDRESS	ONE MALCOLM AVE.
CITY - ST - ZIP	TETERBORO NJ 07608	4.4 CITY - ST - ZIP	TETERBORO, NJ 07608
TITLE	SRV <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	VANOORT, DOUGLAS M	5.2 NAME	
STREET ADDRESS	ONE MALCOLM AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	TETERBORO NJ 07608	5.4 CITY - ST - ZIP	
TITLE	SRV <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BACHICH, MICHAEL J	6.2 NAME	DAVID A. DUKE
STREET ADDRESS	ONE MALCOLM AVENUE	6.3 STREET ADDRESS	3680 TELEMARK DRIVE
CITY - ST - ZIP	TETERBORO NJ 07608	6.4 CITY - ST - ZIP	PARK CITY, UTAH 84060

14. I do 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 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 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* **LED C. PARRENKOPF JR.** Date: **4-22-97** Daytime Phone #: **(201)393-5143**

CR2E034 (9/96)