

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91765 008 ***150.00

0615977 AT

DOCUMENT # **F95000000131**



1. Entity Name
QUEST DIAGNOSTICS INCORPORATED

Principal Place of Business
**ONE MALCOLM AVENUE
TETERBORO NJ 07608**

Mailing Address
**ONE MALCOLM AVENUE
TETERBORO NJ 07608**



2. Principal Place of Business

3. Mailing Address

1290 WALL ST. WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LYNDHURST, NJ

City & State

City & State

07071

4. FEI Number

16-1387862

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCED	<input type="checkbox"/> Delete
NAME	FREEMAN, KENNETH	
STREET ADDRESS	ONE MALCOLM AVE	
CITY-ST-ZIP	TETERBORO NJ	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	FARRENKOPF, LEO C JR	
STREET ADDRESS	ONE MALCOLM AVE	
CITY-ST-ZIP	TETERBORO NJ 07608	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MANORY, JOSEPH	
STREET ADDRESS	ONE MALCOLM AVENUE	
CITY-ST-ZIP	TETERBORO NJ 07608	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	HAGEMANN, ROBERT	
STREET ADDRESS	ONE MALCOLM AVE	
CITY-ST-ZIP	TETERBORO NJ 07608	
TITLE	D	<input type="checkbox"/> Delete
NAME	CIRILLO, MARY	
STREET ADDRESS	ONE W. 72ND ST., APT. 44	
CITY-ST-ZIP	NEW YORK NY 10023	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUKE, DAVID A	
STREET ADDRESS	2680 TELEMARK DR	
CITY-ST-ZIP	PARK CITY UT 84060	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Stephen Calamari **CLIQUE REQUIRED** STEPHEN CALAMARI, VP-Tax 4/23/03 201-729-8440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)