

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003808

FILED
Jan 09, 2009
Secretary of State

Entity Name: LABORATORY CORPORATION OF AMERICA HOLDINGS

Current Principal Place of Business:

231 MAPLE AVE
BURLINGTON, NC 27215

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2230
TAX DEPT.
BURLINGTON, NC 272162230 US

New Mailing Address:

FEI Number: 13-3757370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KING, DAVID P
Address: 430 S SPRING ST
City-St-Zip: BURLINGTON, NC 27215

Title: VGCS () Delete
Name: SMITH, BRADFORD T
Address: 358 MAIN STREET
City-St-Zip: BURLINGTON, NC 27215

Title: T () Delete
Name: HAYES, WILLIAM B
Address: 231 MAPLE AVE
City-St-Zip: BURLINGTON, NC

Title: VPS () Delete
Name: SMITH, BRADFORD
Address: 358 S. MAIN ST.,
City-St-Zip: BURLINGTON, NC

Title: D () Delete
Name: MITTELSTADT, ROBERT M
Address: 430 S. SPRING ST
City-St-Zip: BURLINGTON, NC 27215

Title: D () Delete
Name: LANE, WENDY
Address: 430 S. SPRING ST
City-St-Zip: BURLINGTON, NC 27215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VGCS (X) Change () Addition
Name: EBERTS, FLOYD S III
Address: 531 S SPRING STRET
City-St-Zip: BURLINGTON, NC 27215

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPS (X) Change () Addition
Name: EBERTS, FLOYD S III
Address: 531 S SPRING STREET
City-St-Zip: BURLINGTON, NC

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM B HAYES

T

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date