

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90105 016 ***150.00

DOCUMENT # F96000003220

1. Entity Name

GE CLINICAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5301 VIRGINIA WAY

Suite, Apt. #, etc.
SUITE 400

3. Mailing Address
PO BOX 2216

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BRENTON, TN

City & State
SCHENECTADY, NY

4. FEI Number
34-1547857

Applied For
Not Applicable

Zip
37027

Country
USA

Zip
12301-2216

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City
PLANTATION

FL Zip Code
33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

SEE ATTACHED LIST			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE
IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A. MELITA BARBARA A. MELITA 4/18/02 518-433-4337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP & AT Date Daytime Phone #

Attachment # F96 000003220/6044634

2001 Officers Business and Residential Addresses

LEGAL_ENT F39113 LEGAL_ENTITY_NAME GE Clinical Services, Inc.

NAME	ROLE DESCRIPTION	BUSINESS ADDRESS
Barbara A. Melita	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Barbara A. Melita	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
Christopher S. Visick	Secretary	3000 North Grandview Blvd Waukesha WI 53188
Dale A. Jones	Chief Executive Officer	100 Marquette Drive Jupiter FL 33468
Dale A. Jones	Director	100 Marquette Drive Jupiter FL 33468
Dale A. Jones	President	100 Marquette Drive Jupiter FL 33468
Hooman Hakami	Chief Financial Officer	5301 Virginia Way Suite 400 Brentwood TN 37027
James S. Shepard	Chairman of the Board	2018 Powers Ferry Road Suite 500 Atlanta GA 30339
James S. Shepard	Director	2018 Powers Ferry Road Suite 500 Atlanta GA 30339
Mark E. Buchanan	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Mark E. Buchanan	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US