


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000000437</b> 1. Entity Name LABTEST INTERNATIONAL, INC.	
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Principal Place of Business 70 DIAMOND ROAD SPRINGFIELD, NJ 07081	Mailing Address 3933 US ROUTE 11 CORTLAND, NY 13045
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04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 16-1541809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KONG, RAYMOND 2/F GARMENT CENTRE, 576 CASTLE PEAK RD. KOWLOON, HONG KONG,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT COUROSSI, TIMOTHY 70 CODMAN HILL ROAD BOXBOROUGH, MA 01719
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CORONA, ROQUE 63 FLORENCE DR FLORHAM PARK, NJ 07932
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAW, CHRISTINA 2/F GARMENT CENTRE, 576 CASTLE PEAK RD. KOWLOON, HONG KONG,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

16-1541809  
04/28/05-80141-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  **Christina Law, Asst. Treasurer** Date **4/26/05** Daytime Phone **6077586428**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR