

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 JAN 18 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01112005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F99000004856</b> 1. Entity Name <b>CHARLES RIVER LABORATORIES, INC.</b>					
Principal Place of Business <b>251 BALLARDVALE STREET</b> <b>WILMINGTON, MA 01887 US</b>			Mailing Address <b>251 BALLARDVALE STREET</b> <b>WILMINGTON, MA 01887 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>76-0509980</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO FOSTER, JAMES C C 251 BALLARDVALE ST WILMINGTON, MA 01887 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHAUGHNESSY, DENNIS R 251 BALLARDVALE ST WILMINGTON, MA 01887 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Acford, Joanne P 251 Ballardvale St Wilmington, MA 01887 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFO ACKERMAN, THOMAS T 251 BALLARDVALE ST WILMINGTON, MA 01887 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAWTHORN, ROBERT E 36 SOUTH ROAD WARWICK, BERMUDA, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 168 Swinehart Road Coatesville, PA 19320	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHUBB, STEPHEN D 330 NEVADA STREET NEWTON, MA 02160 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASSARO, GEORGE 99 HIGH STREET, 15TH FLOOR BOSTON, MA 02110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100044924001	
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: <u>Joanne P Acford</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 143786 4702175

AUTHORIZATION : *Patricia Pignati*

COST LIMIT : \$ 150.00

ORDER DATE : January 13, 2005

ORDER TIME : 9:23 AM

ORDER NO. : 143786-005

CUSTOMER NO: 4702175

CUSTOMER: Ms. Tammy Cipriano  
Charles River Laboratories,  
251 Ballardvale St.

Wilmington, MA 01887

ANNUAL REPORT FILING

NAME: CHARLES RIVER LABORATORIES,  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

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05 JAN 18 AM 8:48  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA