

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90112 031 ***150.00

DOCUMENT # F99000004856

1. Entity Name
CHARLES RIVER LABORATORIES, INC.



Principal Place of Business
**251 BALLARDVALE STREET
WILMINGTON, MA 01887 US**

Mailing Address
**251 BALLARDVALE STREET
WILMINGTON, MA 01887 US**

60002944



01052007 Chg-P CR2E034 (12/06)

4. FEI Number
76-0509980

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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, 2007 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
**PCEO
FOSTER, JAMES C C
251 BALLARDVALE ST
WILMINGTON, MA 01887** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ACFORD, JOANNE P
251 BALLARDVALE ST
WILMINGTON, MA 01887** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
ACKERMAN, THOMAS T
251 BALLARDVALE ST
WILMINGTON, MA 01887** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WALTRIP, WILLIAM H
1261 PEQUOT AVE
SOUTHPORT, CT 06490** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHUBB, STEPHEN D
330 NEVADA STREET
NEWTON, MA 02160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MASSARO, GEORGE
99 HIGH STREET, 15TH FLOOR
BOSTON, MA 02110** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FOSTER, JAMES C. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ACKERMAN, THOMAS F. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *James C Foster*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/07
Date

978-658-6000
Daytime Phone #