

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004856

FILED
Mar 13, 2008
Secretary of State

Entity Name: CHARLES RIVER LABORATORIES, INC.

Current Principal Place of Business:

251 BALLARDVALE STREET
WILMINGTON, MA 01887 US

New Principal Place of Business:

Current Mailing Address:

251 BALLARDVALE STREET
WILMINGTON, MA 01887 US

New Mailing Address:

FEI Number: 76-0509980

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: PCEO () Delete
Name: FOSTER, JAMES C
Address: 251 BALLARDVALE ST
City-St-Zip: WILMINGTON, MA 01887

Title: V () Delete
Name: ACFORD, JOANNE P
Address: 251 BALLARDVALE ST
City-St-Zip: WILMINGTON, MA 01887

Title: VCFO () Delete
Name: ACKERMAN, THOMAS F
Address: 251 BALLARDVALE ST
City-St-Zip: WILMINGTON, MA 01887

Title: D () Delete
Name: WALTRIP, WILLIAM H
Address: 1261 PEQUOT AVE
City-St-Zip: SOUTHPORT, CT 06490

Title: D () Delete
Name: CHUBB, STEPHEN D
Address: 330 NEVADA STREET
City-St-Zip: NEWTON, MA 02160

Title: D () Delete
Name: MASSARO, GEORGE
Address: 99 HIGH STREET, 15TH FLOOR
City-St-Zip: BOSTON, MA 02110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JOANNE P ACFORD

V

03/13/2008

Electronic Signature of Signing Officer or Director

Date