

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000058005

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: ACCUTEST LABORATORIES SOUTHEAST, INC.

## Current Principal Place of Business:

4405 VINELAND ROAD  
SUITE C-15  
ORLANDO, FL 32811 US

## New Principal Place of Business:

## Current Mailing Address:

2235 ROUTE 130  
DAYTON, NJ 08810

## New Mailing Address:

2235 ROUTE 130  
BUILDING B  
DAYTON, NJ 08810

FEI Number: 59-3260592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PRES ( ) Delete  
Name: PUGLIESE, VINCENT J  
Address: 16 CARRIAG TRAIL  
City-St-Zip: BELLE MEAD, NJ 08502 US

Title: VP ( ) Delete  
Name: HAMILTON, TODD M  
Address: 875 N. MICHIGAN AVENUE, SUITE 4020  
City-St-Zip: CHICAGO, IL 60611 US

Title: CFO ( ) Delete  
Name: RUSSO, VINCENT J  
Address: 97 WILSHIRE DRIVE  
City-St-Zip: BELLE MEAD, NJ 08502 US

Title: VP ( ) Delete  
Name: JONES, GREGORY K  
Address: 900 N. MICHIGAN AVENUE, SUITE 1800  
City-St-Zip: CHICAGO, IL 60611 US

Title: VP ( ) Delete  
Name: NELSON, GORDON L JR  
Address: 27 MAIN STREET  
City-St-Zip: CONCORD, MA 01742 US

Title: AS ( ) Delete  
Name: RIST, STEVEN L  
Address: 4520 MAIN STREET, SUITE 1100  
City-St-Zip: KANSAS CITY, MO 64111 US

## 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  
Name:  
Address:  
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: STEVEN L. RIST

AS

01/09/2009

Electronic Signature of Signing Officer or Director

Date