

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000002418

Entity Name: INVENTIV HEALTH CLINICAL RESEARCH SERVICES, LLC**Current Principal Place of Business:**1 VAN DE GRAAFF DR 6TH FL
BURLINGTON, MA 01803**Current Mailing Address:**1 VAN DE GRAAFF DR 6TH FL
BURLINGTON, MA 01803**FEI Number:** 46-1741038**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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

Authorized Person(s) Detail :

Title MGRS
Name GREEN, ERIC R
Address 1 VAN DE GRAAFF DR 6TH FL
City-State-Zip: BURLINGTON MA 01803

Title VP
Name GREEN, ERIC R
Address 1 VAN DE GRAAFF DR 6TH FL
City-State-Zip: BURLINGTON MA 01803

Title MGRV
Name SHIMOTA, RICHARD
Address 504 CARNEGIE CENTER
City-State-Zip: PRINCETON NJ 08540

Title MGR
Name BANDALI, RIAZ
Address 5160 DECARIE BLVD SUITE 800
City-State-Zip: MONTREAL QUEBEC H3X2H9

Title VPT
Name ELDREDGE, BRANDON
Address 1 VAN DE GRAAFF DR 6TH FL
City-State-Zip: BURLINGTON MA 01803

Title VPAS
Name MOORE, JESSE R
Address 1 VAN DE GRAAFF DR 6TH FL
City-State-Zip: BURLINGTON MA 01803

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JESSE R. MOORE

VICE PRESIDENT

04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date