

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833683

Entity Name: LABORATORY CORPORATION OF AMERICA**Current Principal Place of Business:**358 SOUTH MAIN STREET
BURLINGTON, NC 27215**Current Mailing Address:**358 SOUTH MAIN STREET
BURLINGTON, NC 27215 US**FEI Number:** 84-0611484**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

Officer/Director Detail :

Title TREASURER
Name PRINGLE, ROBERT S
Address 206 CARNEGIE CENTER
City-State-Zip: PRINCETON NJ 08540

Title DIRECTOR
Name KONG, GARHENG
Address 358 SOUTH MAIN STREET
City-State-Zip: BURLINGTON NC 27215

Title CFO, EXECUTIVE VICE PRESIDENT
Name EISENBERG, GLENN A
Address 358 SOUTH MAIN STREET
City-State-Zip: BURLINGTON NC 27215

Title DIRECTOR
Name DAVIS, JEFFREY A
Address 358 SOUTH MAIN STREET
City-State-Zip: BURLINGTON NC 27215

Title PRESIDENT, CEO
Name SCHECHTER, ADAM H.
Address 358 SOUTH MAIN STREET
City-State-Zip: BURLINGTON NC 27215

Title DIRECTOR
Name NEUPERT, PETER
Address 358 SOUTH MAIN STREET
City-State-Zip: BURLINGTON NC 27215

Title DIRECTOR
Name BÉLINGARD, JEAN-LUC
Address 358 SOUTH MAIN STREET
City-State-Zip: BURLINGTON NC 27215

Title DIRECTOR
Name ANDERSON, KERRI B
Address 358 SOUTH MAIN STREET
City-State-Zip: BURLINGTON NC 27215

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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 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 all other like empowered.

SIGNATURE: MICHAEL HENNING**AUTHORIZED PERSON****03/10/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NEUPERT, PETER
Address 358 SOUTH MAIN STREET
City-State-Zip: BURLINGTON NC 27215

Title DIRECTOR
Name PARHAM, RICHELLE P.
Address 358 SOUTH MAIN STREET
City-State-Zip: BURLINGTON NC 27215

Title SECRETARY
Name VAN DER VAART, SANDRA D
Address 358 SOUTH MAIN STREET
City-State-Zip: BURLINGTON NC 27215

Title DIRECTOR
Name WILLIAMS, R. SANDERS
Address 358 SOUTH MAIN STREET
City-State-Zip: BURLINGTON NC 27215

Title AUTHORIZED PERSON
Name HENNING, MICHAEL
Address 358 SOUTH MAIN STREET
City-State-Zip: BURLINGTON NC 27215