

**2021 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

**Continues on page 2**

*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: VAN DER VAART , SANDRA D****SECRETARY****04/28/2021**

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