

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833683

Entity Name: LABORATORY CORPORATION OF AMERICA**Current Principal Place of Business:**231 MAPLE AVE.
231 MAPLE AVENUE
BURLINGTON, NC 27216-2230**Current Mailing Address:**231 MAPLE AVE.
BURLINGTON, NC 27216-2230 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	EVPT
Name	HAYES, WILLIAM B
Address	231 MAPLE AVENUE
City-State-Zip:	BURLINGTON NC 27215

Title	P
Name	KING, DAVID P
Address	430 D SPRING ST
City-State-Zip:	BURLINGTON NC 27215

Title	EVPS
Name	EBERTS, FLOYD SIII
Address	531 S SPRING STREET.
City-State-Zip:	BURLINGTON NC 27215

Title	D
Name	BELINGARD, JEAN LUC
Address	430 SPRING ST
City-State-Zip:	BURLINGTON NC 27215

Title	D
Name	WEIKEL, KEITH
Address	430 S SPRING ST
City-State-Zip:	BURLINGTON NC 27215

Title	D
Name	LANE, WENDY E
Address	430 S SPRING ST
City-State-Zip:	BURLINGTON NC 27215

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: WILLIAM B HAYES**TREASURER****01/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date