

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003768

**Entity Name:** LIFE TECHNOLOGIES CLINICAL SERVICES LAB, INC.**Current Principal Place of Business:**168 THIRD AVENUE  
WALTHAM, MA 02451**Current Mailing Address:**168 THIRD AVENUE  
WALTHAM, MA 02451 US**FEI Number:** 20-8068978**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
TALLAHASSEE, FL 32301 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:** JASON FISCHER

05/04/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER, CFO, ASSISTANT SECRETARY
Name	SMITH, ANTHONY H
Address	168 THIRD AVENUE
City-State-Zip:	WALTHAM MA 02451

Title	ASSISTANT SECRETARY
Name	MACLEOD, GENOFFIR M
Address	5781 VAN ALLEN WAY
City-State-Zip:	CARLSBAD CA 92008

Title	ASSISTANT TREASURER
Name	SPELLMAN, MAURA A
Address	168 THIRD AVENUE
City-State-Zip:	WALTHAM MA 02451

Title	PRESIDENT, DIRECTOR, SECRETARY
Name	BRIANSKY, SHARON S
Address	168 THIRD AVENUE
City-State-Zip:	WALTHAM MA 02451

Title	ASSISTANT TREASURER, ASSISTANT SECRETARY
Name	BRUNI, JAMES E
Address	300 INDUSTRY DRIVE
City-State-Zip:	PITTSBURGH PA 15275

Title	ASSISTANT SECRETARY
Name	MICHAUD, MICHAEL K
Address	168 THIRD AVENUE
City-State-Zip:	WALTHAM MA 02451

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:** JAMES E BRUNI

ASSISTANT SECRETARY 05/04/2020

Electronic Signature of Signing Officer/Director Detail

Date