

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000368

**Entity Name:** CLARIANT DIAGNOSTIC SERVICES, INC.

**Current Principal Place of Business:**

31 COLUMBIA  
ALISO VIEJO, CA 92656

**Current Mailing Address:**

31 COLUMBIA  
ALISO VIEJO, CA 92656 US

**FEI Number:** 20-1077777

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            EGLINTONMANNER, CARRIE  
Address        384 WRIGHT BROTHERS DRIVE  
City-State-Zip: SALT LAKE CITY UT 841162862

Title            SECRETARY  
Name            BROWN, MICHAEL  
Address        31 COLUMBIA  
City-State-Zip: ALISO VIEJO CA 926561460

Title            TREASURER  
Name            O'NEILL, KEVIN  
Address        THE GROVE CENTRE, WHITE LION ROAD  
City-State-Zip: AMERSHAM NA HP7 9LL

Title            DIRECTOR  
Name            EGLINTONMANNER, CARRIE  
Address        384 WRIGHT BROTHERS DRIVE  
City-State-Zip: SALT LAKE CITY UT 841162862

Title            DIRECTOR  
Name            BROPHY, GERARD  
Address        THE GROVE CENTRE, WHITE LION ROAD  
City-State-Zip: AMERSHAM NA HP7 9LL

Title            DIRECTOR  
Name            O'NEILL, KEVIN  
Address        THE GROVE CENTRE, WHITE LION ROAD  
City-State-Zip: AMERSHAM NA HP7 9LL

Title            MANAGER  
Name            MCELLIGOTT, ANN-MARIE  
Address        12 CORPORATE WOODS BLVD  
City-State-Zip: ALBANY NY 122112524

*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:** ANN-MARIE MCELLIGOTT

**MANAGER**

**04/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date