

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000368

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

**Current Principal Place of Business:**

31 COLUMBIA  
ALISO VIEJO, CA 92656

**FILED**  
**Apr 08, 2015**  
**Secretary of State**  
**CC9014065877**

**Current Mailing Address:**

PO BOX 2216  
SCHENECTADY, NY 12301 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 PD  
Name EGLINTONMANNER, CARRIE  
Address 384 WRIGHT BROTHERS DRIVE  
City-State-Zip: SALT LAKE CITY UT 84116

Title S  
Name BROWN, MICHAEL  
Address 31 COLUMBIA  
City-State-Zip: ALISO VIEJO CA 92656-1460

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

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

Title MGR  
Name MCELLIGOTT, ANN-MARIE  
Address 12 CORPORATE WOODS BLVD.  
City-State-Zip: ALBANY NY 12211

*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**

**04/08/2015**

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

\_\_\_\_\_  
Date