

1.) CORPORATION NAME: LABORATORY SUPPLY COMPANY	DUE DATE: 4/30/2013		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA	SCC ID NO: F1748377		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
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4.) STATE OR COUNTRY OF INCORPORATION: KY			

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 250 Ottawa Ave
 CITY/ST/ZIP: Louisville, KY 40209

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DAN ECKERT TITLE: PRESIDENT ADDRESS: 250 OTTAWA AVE CITY/ST/ZIP/CO: LOUISVILLE, KY 40209	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE WILLET TITLE: SEC/TREASURER ADDRESS: 250 OTTAWA AVE CITY/ST/ZIP/CO: LOUISVILLE, KY 40209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEVEN NIELSEN TITLE: CEO ADDRESS: 250 OTTAWA AVE CITY/ST/ZIP/CO: LOUISVILLE, KY 40209	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Linda Black TITLE: Controller ADDRESS: 250 Ottawa Ave CITY/ST/ZIP/CO: Louisville, KY 40209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Linda Black	Linda Black, Controller	3/29/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.