

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25 1997 8:00am
Secretary of State

DOCUMENT # F96000003513 (6)

1. Corporation Name
SERONO LABORATORIES, INC.



Principal Place of Business
**100 LONGWATER CIR
NORWELL MA 02061**

Mailing Address
**100 LONGWATER CIR
NORWELL MA 02061-1818**

2. Principal Place of Business
21 See above

2a. Mailing Address
26 See above

Suite, Apt #, etc.
22

City & State
23

Zip
24

Country
25

3. Date Incorporated or Qualified
07/11/1996

3a. Date of Last Report
First Filing

4. FEI Number
06-1040874

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
N/A

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City
FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP SAMRA, HISHAM**
STREET ADDRESS **100 LONGWATER CIR**
CITY - ST - ZIP **NORWELL MA 02061**

TITLE ☒ DELETE
NAME **T BOYLE, J DAVID**
STREET ADDRESS **100 LONGWATER CIR**
CITY - ST - ZIP **NORWELL MA 02061**

TITLE ☐ DELETE
NAME **S GEBHARD, CATHY**
STREET ADDRESS **100 LONGWATER CIR**
CITY - ST - ZIP **NORWELL MA 02061**

TITLE ☐ DELETE
NAME **D BERTARELLI, FABIO**
STREET ADDRESS **ARES SERVICES S.A., 15 BIS CHEMIN DES MINE**
CITY - ST - ZIP **1202 GENEVA, SWITZERLAND**

TITLE ☐ DELETE
NAME **D BERTARELLI, ERNESTO**
STREET ADDRESS **ARES SERVICES S.A., 15 BIS CHEMIN DES MINE**
CITY - ST - ZIP **1202 GENEVA, SWITZERLAND**

TITLE ☐ DELETE
NAME **D BERTARELLI, DONA**
STREET ADDRESS **ARES SERVICES S.A., 15 BIS CHEMIN DES MINE**
CITY - ST - ZIP **1202 GENEVA, SWITZERLAND**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **T Martin J. Joyce**
2.3 STREET ADDRESS **100 Longwater Circle**
2.4 CITY - ST - ZIP **Norwell, MA 02061**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cathy Gebhard - **Cathy Gebhard**, Secretary, 4/11/97 (617) 982-9000, x5114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)