

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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 See Above		2a. Mailing Address 26 See Above		3. Date Incorporated or Qualified 07/11/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 06-1040874	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
23		27		30	
22		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMRA, HISHAM	1.2 NAME	
STREET ADDRESS	100 LONGWATER CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORWELL MA 02061	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE, MARTIN J	2.2 NAME	
STREET ADDRESS	100 LONGWATER CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORWELL MA	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEBHARD, CATHY	3.2 NAME	
STREET ADDRESS	100 LONGWATER CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORWELL MA 02061	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERTARELLI, FABIO	4.2 NAME	D THIERSTEIN, HANS
STREET ADDRESS	ARES SERVICES S.A., 15 BIS CHEMIN DES MINE	4.3 STREET ADDRESS	ARES-SERONO INTERNATIONAL S.A.
CITY-ST-ZIP	1202 GENEVA, SWITZERLAND	4.4 CITY-ST-ZIP	15 BIS CHEMIN DES MINE, 1202 GENEVA, SWITZERLAND
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTARELLI, ERNESTO	5.2 NAME	D BERTARELLI, ERNESTO
STREET ADDRESS	ARES SERVICES S.A., 15 BIS CHEMIN DES MINE	5.3 STREET ADDRESS	ARES-SERONO INTERNATIONAL S.A.
CITY-ST-ZIP	1202 GENEVA, SWITZERLAND	5.4 CITY-ST-ZIP	15 BIS CHEMIN DES MINE, 1202 GENEVA, SWITZERLAND
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTARELLI, DONA	6.2 NAME	D BERTARELLI, DONA
STREET ADDRESS	ARES SERVICES S.A., 15 BIS CHEMIN DES MINE	6.3 STREET ADDRESS	ARES-SERONO INTERNATIONAL S.A.
CITY-ST-ZIP	1202 GENEVA, SWITZERLAND	6.4 CITY-ST-ZIP	15 BIS CHEMIN DES MINE, 1202 GENEVA, SWITZERLAND

14. I 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** (781) 982-9000

CF2E034 (10/97)