

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

**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90017 019 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F96000003513**

1. Corporation Name  
**SERONO LABORATORIES, INC.**



Principal Place of Business Mailing Address  
 100 LONGWATER CIR 100 LONGWATER CIR  
 NORWELL MA 02061 NORWELL MA 02061

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/11/1996**

4. FEI Number **06-1040874** Applied For  
 Not Applicable

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **See Above** 26 **See Above**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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	DP	<input type="checkbox"/> DELETE
NAME	SAMRA, HISHAM	
STREET ADDRESS	100 LONGWATER CIR	
CITY-ST-ZIP	NORWELL MA 02061	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JOYCE, MARTIN J	
STREET ADDRESS	100 LONGWATER CIRCLE	
CITY-ST-ZIP	NORWELL MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GEBHARD, CATHY	
STREET ADDRESS	100 LONGWATER CIR	
CITY-ST-ZIP	NORWELL MA 02061	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THIERSTEIN, HANS	
STREET ADDRESS	ARES-SERONO INTERNATIONAL S. A.	
CITY-ST-ZIP	15 BIS CHEMIN DES MINE 12 GENEVE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERTARELLI, ERNESTO	
STREET ADDRESS	ARES-SERONO INTERNATIONAL S. A.	
CITY-ST-ZIP	15 BIS CHEMIN DES MINE 12 GENEVE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERTARELLI, DONA	
STREET ADDRESS	ARES-SERONA INTERNATIONAL S. A.	
CITY-ST-ZIP	15 BIS CHEMIN DES MINE 12 GENEVE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Address Correction</i>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	THIERSTEIN, HANS
4.3 STREET ADDRESS	ARES-SERONO INTERNATIONAL S.A.
4.4 CITY-ST-ZIP	15 Bis Chemin Des Mines, 1202 Geneva, Switzerland
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BERTARELLI, ERNESTO
5.3 STREET ADDRESS	ARES-SERONO INTERNATIONAL S.A.
5.4 CITY-ST-ZIP	15 Bis Chemin Des Mines, 1202 Geneva, Switzerland
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BERTARELLI, DONA
6.3 STREET ADDRESS	ARES-SERONO INTERNATIONAL S.A.
6.4 CITY-ST-ZIP	15 Bis Chemin Des Mines, 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, with all other like empowered.

SIGNATURE: *Cathy Gebhard* - Cathy Gebhard, Secretary 3/18/99 (781) 681-2139

CR2E034 (1/198)