

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M96000000459**

1. Entity Name
PAID PRESCRIPTIONS, L.L.C.

Principal Place of Business: **100 SUMMIT AVENUE
MONTVALE NJ 07645**
Mailing Address: **C/O MERCK & CO., INC.
ONE MERCK DRIVE, W52F96
WHITEHOUSE STATION NJ 08889-3400**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
Zip: Country Zip: Country

4. FEI Number: **22-3461737**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$5.00** Additional Fee Required

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

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: **FL** Zip Code: _____

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE: MGR NAME: DORSA, CAROLINE STREET ADDRESS: ONE MERCK DRIVE CITY-ST-ZIP: WHITEHOUSE STATION NJ 08889	<input type="checkbox"/> Delete
TITLE: MGR NAME: KANTER, CARL I STREET ADDRESS: 100 SUMMIT AVE. CITY-ST-ZIP: MONTVALE NJ 07645	<input checked="" type="checkbox"/> Delete
TITLE: MGR NAME: WEINSTEIN, BERT I STREET ADDRESS: 5373 SOUTH ARVILLE CITY-ST-ZIP: LAS VEGAS NV 89118	<input type="checkbox"/> Delete
TITLE: MGR NAME: APKER, THOMAS STREET ADDRESS: 5373 SOUTH ARVILLE CITY-ST-ZIP: LAS VEGAS NV 89118	<input checked="" type="checkbox"/> Delete
TITLE: MGR NAME: MCGOVERN, ROBERT STREET ADDRESS: ONE MERCK DRIVE CITY-ST-ZIP: WHITEHOUSE STATION NJ	<input type="checkbox"/> Delete
TITLE: MGR NAME: FINDLING, MICHAEL STREET ADDRESS: ONE MERCK DRIVE CITY-ST-ZIP: WHITEHOUSE STATION NJ	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900003266909--6 -05/25/00--01076--021 *****55.00 *****55.00
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MANAGER RICHARD CLARK ONE PARSONS POND Dr. FRANKLIN LAKES NJ 07417
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE MERCK DRIVE Whitehouse STATION NJ 08889
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT Robert J Blyskal ONE PARSONS POND Dr. FRANKLIN LAKES NJ 07417
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED **ROGER MAYER TAX DIRECTOR 4-26-00 908-423-4113**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)