

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 840105

1. Corporation Name

PAID PRESCRIPTIONS, INC.

Principal Place of Business

Mailing Address

One Merck Drive
PO Box 100
Whitehouse Station, NJ
08889-0100

One Merck Drive
PO Box 100
Whitehouse Station, NJ
08889-0100

3. Date Incorporated or Qualified

2/28/78

3a. Date of Last Report

3/15/95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

95-3204551

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL. 33324

81. Name

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

83

100001799941
-04/25/96--01018--030

84. City

***200.00

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Terry R. Thompson
100 Summit Avenue
Montvale, NJ 07645

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
V
Michael Findling
100 Summit Avenue
Montvale, NJ 07645

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
S
James B. Duffy
100 Summit Avenue
Montvale, NJ 07645

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
T
Caroline Dorsa
100 Summit Avenue
Montvale, NJ 07645

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
V
Robert B. McGovern
100 Summit Avenue
Montvale, NJ 07646

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
V
Frank J. Failla, Jr.
100 Summit Avenue
Montvale, NJ 07645

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

DP ☐ Change ☒ Addition

Thomas Apker
100 Summit Avenue
Montvale, NJ 07645

V ☒ Change ☐ Addition

Michael Findling
One Merck Drive, PO Box 100
Whitehouse Station, NJ 08889-0100

SD ☐ Change ☒ Addition

Carl Kanter
100 Summit Avenue
Montvale, NJ 07645

TD ☒ Change ☐ Addition

Caroline Dorsa
One Merck Drive, PO Box 100
Whitehouse Station, NJ 08889-100

V ☒ Change ☐ Addition

Robert B. McGovern
One Merck Drive, PO Box 100
Whitehouse Station, NJ 08889-0100

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Michael Findling* Michael Findling

4/15/96 (908)423-4962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)