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CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 854632 (7)
1. Corporation Name
CALGON VESTAL LABORATORIES, INC- MERCK ENTERPRISES, INC.

Principal Place of Business Mailing Address
7501 PAGE AVENUE ST. LOUIS MO 63133
P.O. BOX 100, 1 MERCK DR. WS3AB-05 WHITEHOUSE STATION NJ 08889 US

3. Date Incorporated or Qualified 11/10/1982
3a. Date of Last Report 05/01/1994
4. FEI Number 22-2413767
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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 One Merck Drive
Suite, Apt. #, etc. WS3AB-05
City & State Whitehouse Station, NJ
Zip 08889-0100 Country U.S.A.

2b. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip Country

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 of signature (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	SD FREILICH, W.B. ONE MERCK DR. WHITEHOUSE STATION NJ 08889	1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	S/D Hacker, M.A. One Merck Dr. Whitehouse Station, NJ 08889-0100 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	PD MAUPAY, W.R. JR. 7501 PAGE AVENUE ST. LOUIS MO 63133	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	P Lewent, J.C. One Merck Dr. Whitehouse Station, NJ 08889-0100 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD SPIEGEL, F. H. ONE MERCK DR. WHITEHOUSE STATION NJ 08889	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	V Nugent, P.E. One Merck Dr. Whitehouse Station, NJ 08889-0100 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T ATIEH, MICHAEL G. ONE MERCK DR. WHITEHOUSE STATION NJ 08889	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	T Dorsa, C. One Merck Dr. Whitehouse Station, NJ 08889-0100 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	AS ROSINSKI, DOLORES O. ONE MERCK DR. WHITEHOUSE STATION NJ 08889	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<i>AS</i> <i>5/1</i>	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Douglas, R.G. One Merck Dr. Whitehouse Station, NJ 08889-0100

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 110.07(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: *Dolores O. Rosinski, Sr.* 4-28-95 (908) 423-5064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dolores O. Rosinski, Sr. Asst. Secretary