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C T CORPORATION SYSTEM			
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CR2E031 (1-89)

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	CH DELAWARE CORPORATION
•	Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2,	OELAWARE  (State or country under the law of which it is incorporated)  (FEI number, if applicable
	(State or country under the law of which it is incorporated) (FEI number, if applicable
4.	JANUARY 21, 1986 5. PERPETUAL
6.	JANUARY 21, 1986 5. PERPETUAL 73  (Date of Incorporation) (Duration: Year corp. will coase to exist or "perpetual") 5  UPON FILING
7.	(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.156, F.S.))
	100 SUMMIT AVENUE ATTN: GEN'L COUNSEL, MONTVALE, NJ 07645
	(Current mailing address)
8.	The leasing of data processing equipment.
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9.	Name and street address of Florida registered agent:
	Name: <u>C T CORPORATION SYSTEM</u>
	Office Address: c/o C T Corporation System, 1200 South Pine Island Road
	Plantation , Florida, <u>33324</u> (Zip Code)
_	

10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C'T CORPORATION SYSTEM	
(Registered agent's signature) (Officer) TIMOTHY E. CARLSON ASSISTANT SECRETARY	
(Type Name and Title of Officer)	_

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS		RS	SEE ADDENDUM
		Chairman:	·
		Addross:	
		Vice Chair	rman:
		Addioss,	
		Address: _	
		-	
		Director:	
		Address: _	
		_	
В.	OFFICERS		SEE ADDENDUM
		President:	SEE NUDEROUT
		, 10 d , 000	
			dent:
		Address: _	
		-	
		Secretary:	
		Address: _	
		_	

	Tropsuror:	-
	Addross:	•
NO and	OTE: If nacessary, you may attach an addendum to the application listing additional addording directors.  [Note: B Milliam.]	- officers
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	·····
	Robert B. McGovern - Vice President - Taxes	
	(Typed or printed name and capacity of person signing application)	

#### CM DELAWARE CORPORATION

#### LIST OF DIRECTORS and OFFICERS

DIRECTORS DUSINESS ADDRESS

James B. Duffy 100 Summit Avenue, Montrale New Jersey 07645

OPTICERS\_ TITLE **BUSINESS ADDRESS** Caroline Dorsa One Merck Drive, PO Box 100 Treasurer Whitehouse Station, NJ 08889-0100 100 Summit Avenue, Montvale New Jersey 07645 James B. Duffy President Frank J. Fallla, Jr., **VP - Taxes** 100 Summit Avenue, Montvalo New Jersey 07645 100 Summit Avenue, Montvale New Jersey 07645 Michael Findling VP - Taxes 100 Sumuit Avenue, Montvole New Jersey 07645 Robert B. McGovern **VP-Taxes** Daniel C. Walden 100 Summit Avenue, Montvale New Jersey 07645 Ass't Secretary

## State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CM DELAWARE CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF AUGUST, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES
HAVE BEEN PAID TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION:

7608867

DATE:

08-15-95

**Document Number Only** 

# F95000004019

	C T CORPORATION SYSTEM			
Requesto	r's Namo			
	660 East Jefferson Street			
Address	Tallahassee,	Florida	32301	
City	State	Zlp	Phone	

**COPPORATION(S) NAME** 

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CR2E031 (1-89)

W.P. Veriller

### Florida Department of State, Jim Smith, Secretary of State

### STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508,

Florida Statutes, the undersigned corporation organized under the laws of the State of De Lawree submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: C M Dolaware Corporation 1b. Date of incorporation 8/21/95 Document number The name and address of the current registered agent and office: C T Corporation System Plantation, FL 33324 8751 West Broward Blvd. 3. The name and address of the new registered agent and office: U (P.O. Box Not Acceptable) C'T CORPORATION SYSTEM c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324 The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. Dukins WAMSLEY, Vice President Typed or printed name and title Duglas Wamply U SIGNATURE DATE HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

SIGNATURE BY:

WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT

THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

CR2E045 (7-91) (FLA. - 2194 - 3/4/92) **FILING FEE: \$35.00** 

T COBERRATION SYSTEM

29/9 (Registered Agent)
29/9 The CARLSON
ASSIANT SECRETARY