

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91265 049 ***150.00

DOCUMENT # F95000004019

1. Entity Name

CM DELAWARE CORPORATION

Principal Place of Business

**C/O MERCK MEDEO MANAGED CARE LLC
 100 PARSONS POND DR
 FRANKLIN LAKES NJ 07417**

Mailing Address

**% MERCK & CO., INC., TAX DEPARTMENT
 ONE MERCK DRIVE
 WHITEHOUSE STATION NJ 08889-0100**

2. Principal Place of Business

100 Parsons Pond Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Franklin Lakes NJ 07417

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2715775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **S** ☒ Delete
 NAME **WEINSTEIN, BERT I**
 STREET ADDRESS **ONE MERCK DR**
 CITY-ST-ZIP **WHITEHOUSE STATION NJ 08889**

TITLE **SVP** ☐ Delete
 NAME **REED, JOANN A**
 STREET ADDRESS **100 PARSONS POND DRIVE**
 CITY-ST-ZIP **FRANKLIN LAKES NJ 07417**

TITLE **TD** ☐ Delete
 NAME **DORSA, CAROLINE**
 STREET ADDRESS **ONE MERCK DRIVE**
 CITY-ST-ZIP **WHITEHOUSE STATION NJ 08889**

TITLE **AS** ☒ Delete
 NAME **FINDLING, MICHAEL**
 STREET ADDRESS **ONE MERCK DR**
 CITY-ST-ZIP **WHITEHOUSE STATION NJ 08889**

TITLE **VP** ☐ Delete
 NAME **MCGOVERN, ROBERT B**
 STREET ADDRESS **1 MERCK DRIVE**
 CITY-ST-ZIP **WHITEHOUSE STATION NJ 08889**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
 NAME **Richard T. Clark**
 STREET ADDRESS **100 Parsons Pond Drive**
 CITY-ST-ZIP **Franklin Lakes NJ 07417**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Senior Vice President** ☐ Change ☒ Addition
 NAME **Daniel C. Walden**
 STREET ADDRESS **100 Parsons Pond Drive**
 CITY-ST-ZIP **Franklin Lakes NJ 07417**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert B. McGovern

Date

4/24/02

908-423-1000

Daytime Phone #

CR2E034 (9/01)