

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003513

1. Entity Name

SERONO, INC.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90001 035 \*\*\*150.00

Principal Place of Business

Mailing Address

100 LONGWATER CIR  
NORWELL MA 02061

100 LONGWATER CIR  
NORWELL MA 02061

2. Principal Place of Business

See Above

3. Mailing Address

See Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 06-1040874

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

N/A

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, 2001 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	DP	<input checked="" type="checkbox"/> Delete
NAME	SAMRA, HISHAM	
STREET ADDRESS	100 LONGWATER CIR	
CITY-ST-ZIP	NORWELL MA 02061	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JOYCE, MARTIN J	
STREET ADDRESS	100 LONGWATER CIRCLE	
CITY-ST-ZIP	NORWELL MA	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GEBHARD, CATHY	
STREET ADDRESS	100 LONGWATER CIR	
CITY-ST-ZIP	NORWELL MA 02061	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THIERSTEIN, HANS	
STREET ADDRESS	15 BIS CHEMIN DES MINES	
CITY-ST-ZIP	1202 GENEVA SWITZERLAND	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERTARELLI, ERNESTO	
STREET ADDRESS	15 BIS CHEMIN DES MINES	
CITY-ST-ZIP	1202 GENEVA SWITZERLAND	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERTARELLI, DONA	
STREET ADDRESS	15 BIS CHEMIN DES MINES	
CITY-ST-ZIP	1202 GENEVA SWITZERLAND	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas A. Lang	
STREET ADDRESS	389 Arrow Rd.	
CITY-ST-ZIP	Marshfield, MA 02059	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Iain Brown	
STREET ADDRESS	87 Appleton St., Apt. 4	
CITY-ST-ZIP	Boston, MA 02116	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellen S. Rosenberg	
STREET ADDRESS	36 Gray Street	
CITY-ST-ZIP	Cambridge, MA 02138	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monica Elliott	
STREET ADDRESS	36A Grasshopper Lane	
CITY-ST-ZIP	Scituate, MA 02069	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacques Theurillat	
STREET ADDRESS	Chemin de Quarf	
CITY-ST-ZIP	Archamps, 74160 France	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Pierre Verhassel	
STREET ADDRESS	9A Alfred Curtorf	
CITY-ST-ZIP	1260 Nyon Switzerland	

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:

*Ellen R. Rosenberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

781-982-9000

CR2E034 (10/00)