

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

0671892 AT

**DOCUMENT # F96000003513**

1. Entity Name  
**SERONO, INC.**

03-27-2002 90091 004 \*\*\*150.00

Principal Place of Business  
**100 LONGWATER CIR**  
**NORWELL MA 02061**

Mailing Address  
**100 LONGWATER CIR**  
**NORWELL MA 02061**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**One Technology Place**

3. Mailing Address  
**One Technology Place**

Suite, Apt. #, etc.

City & State  
**Rockland, MA**

City & State  
**Rockland, MA**

Zip  
**02370**

Country  
**US**

Zip  
**02370**

Country  
**US**

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**P**  
**LANG, THOMAS A**  
**389 ARROW ROAD**  
**MARSHFIELD MA 02059**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**VP**  
**BROWN, IAIN**  
**87 APPLETON ST APT 4**  
**BOSTON MA 02116**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**S**  
**ROSENBERG, ELLEN S**  
**36 GRAY STREET**  
**CAMBRIDGE MA 02138**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**T**  
**ELLIOTT, MONICA**  
**36A GRASHOPPER LANE**  
**SCITUATE MA 02069**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  
**BERTARELLI, ERNESTO**  
**15 BIS CHEMIN DES MINES**  
**1202 GENEVA SWITZERLAND**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**Director**  
**Jacques Theurillat**  
**Chemin de Quarf**  
**Archamps, 74160 France**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**  
**BERTARELLI, DONA**  
**15 BIS CHEMIN DES MINES**  
**1202 GENEVA SWITZERLAND**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**Director**  
**Jean-Pierre Verhassel**  
**9A Alfred Curtof**  
**1260 Nyon Switzerland**

☒ Change ☐ Addition

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 Rosenberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02


Date

781-982-9000

Daytime Phone #

CR2E034 (9/01)

*Attachment*

#F96000003513  
 **serono** 611747

One Technology Place  
Rockland, MA 02370  
Tel. 781 982 9000  
Fax. 781-681-2902  
[www.seronusa.com](http://www.seronusa.com)

March 12, 2002

***Via Certified Mail - RRR***

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

**RE: Uniform Business Report**

Dear Sir/Madam:


Enclosed for filing with Division of Corporations, State of Florida are the following documents:

- Uniform Business Report
- Check in the amount of \$150.00

If you should have any questions, please do not hesitate to call me at the above number.

Thank you for your attention to this matter.

Yours truly,

  
Annemarie McGonagale  
Paralegal

Enc.