

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90011 001 \*\*\*550.00

**DOCUMENT # F96000003513**

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



Principal Place of Business  
**ONE TECHNOLOGY PLACE  
ROCKLAND, MA 02370**

Mailing Address  
**ONE TECHNOLOGY PLACE  
ROCKLAND, MA 02370**

**24084250**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012004

Chg-P

CR2E034 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **VERHASSEL, JEAN-PIERRE**  
STREET ADDRESS **9A ALFRED CORTOF**  
CITY-ST-ZIP **NYON SWITZERLAND, ch 1260**

TITLE **D** ☐ Delete  
NAME **LANG, THOMAS A**  
STREET ADDRESS **389 ARROWHEAD RD.**  
CITY-ST-ZIP **MARSHFIELD, MA 02050**

TITLE **S** ☐ Delete  
NAME **ROSENBERG, ELLEN S**  
STREET ADDRESS **36 GRAY STREET**  
CITY-ST-ZIP **CAMBRIDGE, MA 02138**

TITLE **T** ☐ Delete  
NAME **ELLIOTT, MONICA**  
STREET ADDRESS **36A GRASHOPPER LANE**  
CITY-ST-ZIP **SCITUATE, MA 02069**

TITLE **D** ☐ Delete  
NAME **THEURILLAT, JACQUES**  
STREET ADDRESS **CHEM DE QUARF**  
CITY-ST-ZIP **ARCHAMPS, FR 74160**

TITLE **D** ☐ Delete  
NAME **VERHASSEL, JEAN-PIERRE**  
STREET ADDRESS **9A ALFRED CURTOF**  
CITY-ST-ZIP **NYON, SZ 1260**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition  
NAME **Fereydon Firouz**  
STREET ADDRESS **One Technology Place**  
CITY-ST-ZIP **Rockland, MA 02370**

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

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

TITLE **T** ☒ Change ☐ Addition  
NAME **Monica Elliott**  
STREET ADDRESS **PO Box 473**  
CITY-ST-ZIP **MARSHFIELD Hills MA 02051**

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Monica Elliott** **Monica Elliott - Treasurer**

**9.7.2004**

**781-681-2136**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #