

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J30832

1. Corporation Name

NATIONAL RX SERVICES, INC.

Principal Place of Business

C/O Merck & Co., Inc.  
One Merck Drive  
PO Box 100  
Whitehouse Station, NJ  
08889-0100

Mailing Address

C/O Merck & Co., Inc.  
One Merck Drive  
PO Box 100  
Whitehouse Station, NJ  
08889-0100

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

8/23/86

3a. Date of Last Report

3/23/95

4. FEI Number

59-2738003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. Pine Island Road  
Plantation, FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME Terry R. Thompson ☒ DELETE  
STREET ADDRESS 100 Summit Avenue  
CITY-ST-ZIP Montvale, NJ 07645

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME Thomas Apker  
1.3 STREET ADDRESS 100 Summit Avenue  
1.4 CITY-ST-ZIP Montvale, NJ 07645

TITLE T ☐ DELETE  
NAME Caroline Dorsa  
STREET ADDRESS 100 Summit Avenue  
CITY-ST-ZIP Montvale, NJ 07645

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME Caroline Dorsa  
2.3 STREET ADDRESS One Merck Drive, PO Box 100  
2.4 CITY-ST-ZIP Whitehouse Station, NJ 08889-0100

TITLE V ☐ DELETE  
NAME James Cooper  
STREET ADDRESS 100 Summit Avenue  
CITY-ST-ZIP Montvale, NJ 07645

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME 700001838187  
3.3 STREET ADDRESS -05/24/96--01029--017  
3.4 CITY-ST-ZIP \*\*\*200.00

TITLE VD ☒ DELETE  
NAME Frederick Klein  
STREET ADDRESS 100 Summit Avenue  
CITY-ST-ZIP Montvale, NJ 07645

4.1 TITLE SD ☐ Change ☒ Addition  
4.2 NAME Carl Kanter  
4.3 STREET ADDRESS 100 Summit Avenue  
4.4 CITY-ST-ZIP Montvale, NJ 07645

TITLE V ☒ DELETE  
NAME Frank J. Failla  
STREET ADDRESS 100 Summit Avenue  
CITY-ST-ZIP Montvale, NJ 07645

5.1 TITLE V ☐ Change ☒ Addition  
5.2 NAME Robert B. McGovern  
5.3 STREET ADDRESS One Merck Drive, PO Box 100  
5.4 CITY-ST-ZIP Whitehouse Station, NJ 08889-0100

TITLE V ☐ DELETE  
NAME Michael Findling  
STREET ADDRESS 100 Summit Avenue  
CITY-ST-ZIP Montvale, NJ 07645

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME Michael Findling  
6.3 STREET ADDRESS One Merck Drive, PO Box 100  
6.4 CITY-ST-ZIP Whitehouse Station, NJ 08889-0100

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Michael Findling*

Michael Findling

4/29/96

(908) 423-4962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)