

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 19 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J32538

1. Corporation Name

COVANCE CLINICAL RESEARCH UNIT INC.

2. Principal Office Address

210 CARNEGIE CENTER

Suite, Apt. #, etc.

3. Mailing Office Address

210 CARNEGIE CENTER

Suite, Apt. #, etc.

City & State

PRINCETON, NJ

Zip

08540

Country

US

City & State

PRINCETON, NJ

Zip

08540

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1986

5. FEI Number

58-1695239

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Ann J. Williams

ANN J. WILLIAMS

Assistant Vice President

Date 12/18/00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KUEBLER, CHRISTOPHER A.	210 CARNEGIE CENTER	PRINCETON, NJ 08540
P/D	HERRING, JOSEPH L.	210 CARNEGIE CENTER	PRINCETON, NJ 08540
V/D	HARWOOD JR, CHARLES C.	210 CARNEGIE CENTER	PRINCETON, NJ 08540
V/D	WESTRICK, MARY	309 W. WASHINGTON AVE.	MADISON, WI 53703
V/T	OAKLEY, THOMAS	309 W. WASHINGTON AVE.	MADISON, WI 53703
AT	WOJTOWICZ, FREDERICK W.	210 CARNEGIE CENTER	PRINCETON, NJ 08540

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Frederick W. Wojtowicz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FREDERICK W. WOJTOWICZ

Date

12/13/00

609-452-4168

Daytime Phone #