2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State
05-06-2005 90094 037 ***150.00

DOCUMENT # J32538

1. Entity Name
COVANCE CLINICAL RESEARCH UNIT INC.

Principal Place of Business	Mailing Address
210 CARNEGIE CENTER PRINCETON, NJ 08540 US	210 CARNEGIE CENTER PRINCETON, NJ 08540 US

DO NOT WRITE IN THIS SPACE

04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
58-1695239

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERRING, JOSEPH L
STREET ADDRESS	210 CARNEGIE CENTER
CITY-ST-ZIP	PRINCETON, NJ 08540
TITLE	VATD
NAME	KITGAARD, WILLIAME
STREET ADDRESS	210 CARNEGIE CENTER
CITY-ST-ZIP	PRINCETON, NJ 08540
TITLE	VSD
NAME	LOVETT, JAMES W
STREET ADDRESS	210 CARNEGIE CENTER
CITY-ST-ZIP	PRINCETON, NJ 08540
TITLE	VD
NAME	WESTRICK, MARY
STREET ADDRESS	309 W. WASHINGTON AVENUE
CITY-ST-ZIP	MADISON, WI 53703
TITLE	VT
NAME	OAKLEY, THOMAS
STREET ADDRESS	309 W. WASHINGTON AVENUE
CITY-ST-ZIP	MADISON, WI 53703
TITLE	AT
NAME	WOJTOWICZ, FREDERICK W
STREET ADDRESS	210 CARNEGIE CENTER
CITY-ST-ZIP	PRINCETON, NJ 08540

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frederick Wojtowicz FREDERICK WOJTOWICZ 4/27/05 609-452-4148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #