

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92208 022 ***150.00

DOCUMENT # J32538		05-05-2003 92208 022 ***150.00	
1. Entity Name COVANCE CLINICAL RESEARCH UNIT INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 210 CARNEGIE CENTER Suite, Apt. #, etc.		3. Mailing Address 210 CARNEGIE CENTER Suite, Apt. #, etc.	
City & State PRINCETON, NJ Zip Country 08540 US		City & State PRINCETON, NJ Zip Country 08540 US	
4. FEI Number 58-1695239		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD City PLANTATION FL Zip Code 33324	
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 reinstating) DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEE ATTACHED	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered. SIGNATURE: Frederick Wojtowicz FREDERICK WOJTOWICZ 609-452-4168 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034B (12/02)

ATTACHMENT
8011828

Covance Clinical Research Unit Inc.
Document # J32538

**Statement Attached to and Made Part of
2003 Florida Uniform Business Report**

OFFICERS:

<u>Name</u>		<u>Title</u>	<u>Business Address</u>
Joseph L. Herring	P/D	President	210 Carnegie Center, Princeton, NJ 08540
William E. Klitgaard	V/AT/D	SVP & Asst. Treasurer	210 Carnegie Center, Princeton, NJ 08540
James W. Lovett	V/S/D	SVP & Secretary	210 Carnegie Center, Princeton, NJ 08540
Mary Westrick	V	SVP	309 W. Washington Avenue, Madison, WI 53703
Russell D. Robinson	V	VP & General Manager	310 Swampbridge Road, Denver, PA 17517
Thomas Oakley	V/T	VP & Treasurer	309 W. Washington Avenue, Madison, WI 53703
Dr. Matthew J. Palazzolo	V	VP	309 W. Washington Avenue, Madison, WI 53703
Marc S. Ginsky	AS	Asst. Secretary	210 Carnegie Center, Princeton, NJ 08540
Ross A. Hyams	AS	Asst. Secretary	210 Carnegie Center, Princeton, NJ 08540
Frederick W. Wojtowicz	AT	Asst. Treasurer	210 Carnegie Center, Princeton, NJ 08540

DIRECTORIES:

Christopher A. Kuebler	D		210 Carnegie Center, Princeton, NJ 08540
Joseph L. Herring	P/D		210 Carnegie Center, Princeton, NJ 08540
William E. Klitgaard	V/AT/D		210 Carnegie Center, Princeton, NJ 08540
James W. Lovett	V/S/D		210 Carnegie Center, Princeton, NJ 08540
Mary Westrick	D		309 W. Washington Avenue, Madison, WI 53703