| FILE NOW | FILING | FEE | AFTER | MAY 1 | IS | \$225. | 00 |
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PROFIT CORPORATION ANNUAL REPORT

1996



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

| DOCL | JMF | NT | # | 1.1 | 0600 |
|------|-----|----|---|-----|------|

| 1. Corporation | ON Name | | | | | | | |
|--------------------------|--|------------------------------|------------------------------------|-----------------------------------|---|--------------------------------------|--|--|
| N | MATIONAL RX SERVICES | NO. 2, INC. | | | 50000184 | 4044 | 5 7 | |
| Principal Plac | De of Business | Mailing Address | | | 05/28/96010 |)25035 | | |
| | O Merck & Co., Inc. | | Co | Tno | ***200.00 | | | |
| | C/O Merck & Co., Inc. C/O Merck & Co One Merck Drive One Merck Drive | | | inc. | | | | |
| | Box 100 | PO Box 100 | ive | | | | | |
| Wh: | itehouse Station, NJ | | Statio | n NT | 3. Date Incorporated or Qualified | 3a. Date of Last Report | | |
| | 889-0100 Place of Business | <u> </u> | ~ | | 8/22/89 | 4/5/9 | 5 | |
| 21 | 1000 Or DOSINESS | 2a. Mailing Address | | | 4. FEI Number | | Applied For | |
| Suite, Apt. | #, etc. | 26 Side A-1 II - 1 | | 22-3008686 | | Not Applicable | | |
| City & State | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| 23 | | City & State | | • | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| Ζφ 24 | Country 25 | Zip [29] | 30 Co | untry | 8. This corporation has liability for in Florida Statutes | ntangible tax ur | nders 199.032, | |
| | 9. Name and Address of Current | Registered Agent | | T | 10. Name and Address of New Re | | nt | |
| 120 Pla | CORPORATION SYSTEM OO S. Pine Island Roa Intation, FL 33324 | | | 83 84 Crty | ddress (P.O. Box Number is Not Acceptable | FL * | - | |
| *or register familiar wi | ion, and accept the obligations of, Section | n 607.0505, Florida Statutes | les, the abo zed by the o s. | we-named corp corporation's be | poration submits this statement for the purpo oard of directors. I hereby accept the appoi | pose of changin intrnent as regis | ig its registered office stered agent. I am | |
| 12. | Signature, typed or printed name of registered agent an | | OTE Registered | Agent signature req. | uired when reinstating) | DATE | | |
| TITLE | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | | ECTORS IN 12 | |
| NAME | | XI DELETE | 1.1 T | 1 | DP | | ange 🖈 Addition | |
| STREET ADDRESS | Terry R. Thompson | | 1.2 N | | Thomas Apker | | 21 | |
| 100 Buildie Avenue | | | RELI ADDRESS | 100 Summit Avenue | | | | |
| TITLE | Montvale, NJ 07645 | | | TY-ST-ZIP | | | | |
| NAME | - · | X) Dereit | 2 1 11 | | D0 | Ch | ange 🔀 Addition | |
| STREET ADDRESS | Frederick Klein | | 2 2 NA | 1 | Carl Kinter | | | |
| CITY - ST - ZIP | 100 Summit Avenue | | | REET ADDRESS | 100 Summit Avenue | | | |
| TITLE | Montvale, NJ 07645 | MA FUEL ETE | 2 4 Cli | TY-S1-ZIP | Montvale, NJ 07645 | | | |
| NAME | Frank J. Failla | V KI DECEN | 3.2 NA | | V | ☐ Ch. | ange χ Addition | |
| STREET ADDRESS | 100 Summit Avenue | | 3.2 NA | IVIC | Robert B. McGovern | | i | |

Carl Kanter STREET ADDRESS 100 Summit Avenue 5.3 STREET ADDRESS 100 Summit Avenue CITY-ST-ZIP Montvale, NJ 07645 5.4 CITY -ST-ZIP TITLE Montvale, NJ 07645 DELETE 6 1 TITLE Change ☐ Addition NAME 62 NAME James Cooper STREET ADDRESS

3.3. STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

34 CITY - ST - ZIP

4. 1 TITLE

4.2 NAME

5 1 THLE

5.2 NAME

DELETE

X) DELETE

STREET ADDRESS
DITY-ST-ZIP

100 Summit Navenue
Montvale, Navenue
Montvale
M

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

S

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Montvale, NJ 07645

Michael Findling

James B. Duffy

100 Summit Avenue

Montvale, NJ 07645

Michael Findling SIGNING OFFICER OR DIRECTOR

4/29/96 Date

Michael Findling

SD

One Merck Drive, PO Box 100

One Merck Drive, PO Box 100

Whitehouse Station, NJ 08889-0100 $_{\overline{\mathbf{X}}}$ Change $_{\overline{\mathbf{X}}}$ Addition