

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90135 032 ****50.00

DOCUMENT # M96000000459

1. Entity Name
PAID PRESCRIPTIONS, L.L.C.

Principal Place of Business
**100 PARSONS POND DRIVE
 FRANKLIN LAKES NJ 07417**

Mailing Address
**C/O MERCK & CO., INC.
 ONE MERCK DRIVE, W52F96
 WHITEHOUSE STATION NJ 08889-0100**

2. Principal Place of Business
399 Jefferson Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Parsippany NJ 07054

City & State

4. FEI Number **22-3461737**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **DORSA, CAROLINE**
 STREET ADDRESS **ONE MERCK DRIVE**
 CITY-ST-ZIP **WHITEHOUSE STATION NJ 08889**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** ☐ Delete
 NAME **CLARK, RICHARD T**
 STREET ADDRESS **100 PARSONS POND DR.**
 CITY-ST-ZIP **FRANKLIN LAKES NJ 07417**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Delete
 NAME **BOLWAGE, DEBRA**
 STREET ADDRESS **ONE MERCK DRIVE**
 CITY-ST-ZIP **WHITE HOUSE STATION NJ 08889**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** ☐ Delete
 NAME **MCGOVERN, ROBERT**
 STREET ADDRESS **ONE MERCK DRIVE**
 CITY-ST-ZIP **WHITEHOUSE STATION NJ**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** ☐ Delete
 NAME **WALDEN, DANILE**
 STREET ADDRESS **100 PARSONS POND DRIVE**
 CITY-ST-ZIP **FRANKLIN LAKES NJ 07417**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Robert B. McGovern

REQUIRED Robert B. McGovern

4/24/02

908-423-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)