

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P15454 (2)

1. Corporation Name
SCHERING CORPORATION



Principal Place of Business Mailing Address
**ONE GIRALDA FARMS
P O BOX 1000
MADISON NJ 07940-8000**

3. Date Incorporated or Qualified **06/03/1987** 3a. Date of Last Report **04/25/1995**
4. FEI Number **22-1261880** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOGAN, RICHARD	1.2 NAME	Cesan, Raul E.
STREET ADDRESS	ONE GIRALDA FARMS	1.3 STREET ADDRESS	2000 Galloping Hill Road
CITY-ST-ZIP	MADISON NJ	1.4 CITY-ST-ZIP	Kenilworth, New Jersey 07940-1000
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CESAN, RAUL E.	2.2 NAME	Bryce, Rodolfo C.
STREET ADDRESS	2000 GALLOPING HILL RD	2.3 STREET ADDRESS	2000 Galloping Hill Road
CITY-ST-ZIP	KENILWORTH NJ	2.4 CITY-ST-ZIP	Kenilworth, New Jersey 07940-1000
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONKLIN, DONALD R.	3.2 NAME	Stout, David
STREET ADDRESS	2000 GALLOPING HILL RD	3.3 STREET ADDRESS	2000 Galloping Hill Road
CITY-ST-ZIP	KENILWORTH NJ	3.4 CITY-ST-ZIP	Kenilworth, New Jersey 07940-1000
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, NANCY A.	4.2 NAME	
STREET ADDRESS	2000 GALLOPING HILL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	KENILWORTH NJ	4.4 CITY-ST-ZIP	
TITLE	VTA <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, DANIEL A.	5.2 NAME	
STREET ADDRESS	ONE GIRALDA FARMS	5.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYCE, RODOLFO C	6.2 NAME	Soriero, Donald J.
STREET ADDRESS	2000 GALLOPING HILL RD	6.3 STREET ADDRESS	One Giralda Farms
CITY-ST-ZIP	KENILWORTH NJ	6.4 CITY-ST-ZIP	Madison, New Jersey 07940-1000

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald J. Soriero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (12/95)