

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P15454 (2)
 1. Corporation Name
SCHERING CORPORATION



Principal Place of Business ONE GIRALDA FARMS P O BOX 1000 MADISON NJ 07940-8000	Mailing Address ONE GIRALDA FARMS P O BOX 1000 MADISON NJ 07940-8000
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 08/03/1987	
4. FEI Number 22-1261880	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 translating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	CESAN, RAUL E	
STREET ADDRESS	2000 GALLOPING HILL RD	
CITY-ST-ZIP	KENILWORTH NJ	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CESAN, RAUL E.	
STREET ADDRESS	2000 GALLOPING HILL RD	
CITY-ST-ZIP	KENILWORTH NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMAS, LAUDA C	
STREET ADDRESS	2000 GALLOPING HILL RD	
CITY-ST-ZIP	KENILWORTH NJ	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DAVIS, NANCY A.	
STREET ADDRESS	2000 GALLOPING HILL RD	
CITY-ST-ZIP	KENILWORTH NJ	
TITLE	VTA	<input type="checkbox"/> DELETE
NAME	NICHOLS, DANIEL A.	
STREET ADDRESS	ONE GIRALDA FARMS	
CITY-ST-ZIP	MADISON NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZAHN, RICHARD	
STREET ADDRESS	2000 GALLOPING HILL RD	
CITY-ST-ZIP	KENILWORTH NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donald J. Soriero
2.3 STREET ADDRESS	One Giralda Farms
2.4 CITY-ST-ZIP	Madison, NJ 07940-1010
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLF	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, trustee or 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 to this report.

SIGNATURE: *Donald J. Soriero* 4/14/98 (973) 822-7028

CR2E034 (10/97)