

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

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Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90012 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P15454

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

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 the current year Intangible Personal Property Tax.	<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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	AT	<input type="checkbox"/> DELETE
NAME	SORIERO, DONALD J	
STREET ADDRESS	1 GIRALDA FARMS	
CITY-ST-ZIP	MADISON NJ 07940	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 TITLE	<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 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, with all other like empowered.

SIGNATURE: Donald J. Soriero *Donald J. Soriero* 3/22/99 (973) 822-7028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)