

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State


05-01-2006 90480 001 ***150.00

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DOCUMENT # P15454

1. Entity Name
SCHERING CORPORATION



Principal Place of Business Mailing Address

ONE GIRALDA FARMS **ONE GIRALDA FARMS**
P O BOX 1000 **P O BOX 1000**
MADISON, NJ 07940-8000 **MADISON, NJ 07940-8000**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04252006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
22-1261880 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	AT	TITLE	
NAME	SORIERO, DONALD J	NAME	
STREET ADDRESS	1 GIRALDA FARMS	STREET ADDRESS	
CITY-ST-ZIP	MADISON, NJ 07940	CITY-ST-ZIP	
TITLE	VD	TITLE	Vice President
NAME	THOMAS, LAUDA C	NAME	Michael DuBois
STREET ADDRESS	2000 GALLOPING HILL RD	STREET ADDRESS	2000 Galloping Hill Road
CITY-ST-ZIP	KENILWORTH, NJ	CITY-ST-ZIP	Kenilworth, NJ 07033
TITLE	AVP	TITLE	
NAME	CECONI, ARTHUR	NAME	
STREET ADDRESS	ONE GIRALDA FARMS	STREET ADDRESS	
CITY-ST-ZIP	MADISON, NJ 07940	CITY-ST-ZIP	
TITLE	VPT	TITLE	
NAME	CREELMAN, WILLIAM J	NAME	
STREET ADDRESS	ONE GIRALDA FARMS	STREET ADDRESS	
CITY-ST-ZIP	KENILWORTH, NJ 07033	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arthur Ceconi, Jr.* Assistant Vice President-Tax 4/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #