


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90028 049 \*\*\*150.00

<b>DOCUMENT # P15454</b>	
1. Entity Name <b>SCHERING CORPORATION</b>	

Principal Place of Business <b>ONE GIRALDA FARMS P O BOX 1000 MADISON, NJ 07940-8000</b>	Mailing Address <b>ONE GIRALDA FARMS P O BOX 1000 MADISON, NJ 07940-8000</b>
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2. Principal Place of Business - No P.O. Box # <b>2000 Galloping Hill Road</b>	3. Mailing Address <b>2000 Galloping Hill Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Kenilworth, NJ</b>	City & State <b>Kenilworth NJ</b>
Zip <b>07033</b>	Zip <b>07033</b>
Country	Country

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>AT</b>	<input type="checkbox"/> Delete	TITLE <b>AT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SORIERO, DONALD J</b>		NAME <b>SORIERO, DONALD J</b>	
STREET ADDRESS <b>1 GIRALDA FARMS</b>		STREET ADDRESS <b>2000 Galloping Hill Road</b>	
CITY-ST-ZIP <b>MADISON, NJ 07940</b>		CITY-ST-ZIP <b>Kenilworth, NJ 07033</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUBOIS, MICHAEL</b>		NAME <b>DUBOIS, MICHAEL</b>	
STREET ADDRESS <b>2000 GALLOPING HILL RD</b>		STREET ADDRESS <b>2000 GALLOPING HILL RD</b>	
CITY-ST-ZIP <b>KENILWORTH, NJ 07033</b>		CITY-ST-ZIP <b>KENILWORTH, NJ 07033</b>	
TITLE <b>AVP</b>	<input type="checkbox"/> Delete	TITLE <b>AVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CECONI, ARTHUR</b>		NAME <b>CECONI, ARTHUR</b>	
STREET ADDRESS <b>ONE GIRALDA FARMS</b>		STREET ADDRESS <b>2000 Galloping Hill Road</b>	
CITY-ST-ZIP <b>MADISON, NJ 07940</b>		CITY-ST-ZIP <b>Kenilworth, NJ 07033</b>	
TITLE <b>VPT</b>	<input type="checkbox"/> Delete	TITLE <b>VPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CREELMAN, WILLIAM J</b>		NAME <b>CREELMAN, WILLIAM J</b>	
STREET ADDRESS <b>ONE GIRALDA FARMS</b>		STREET ADDRESS <b>2000 Galloping Hill Road</b>	
CITY-ST-ZIP <b>KENILWORTH, NJ 07033</b>		CITY-ST-ZIP <b>Kenilworth, NJ 07033</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Coni  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #