

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # P15454

1. Entity Name
SCHERING CORPORATION



Principal Place of Business
**2000 GALLOPING HILL ROAD
KENILWORTH, NJ 07033**

Mailing Address
**2000 GALLOPING HILL ROAD
KENILWORTH, NJ 07033**



03132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-1261880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000874527
04/10/08-80119-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SORIERO, DONALD J 2000 GALLOPING HILL ROAD KENILWORTH, NJ 07033
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUBOIS, MICHAEL 2000 GALLOPING HILL RD KENILWORTH, NJ 07033
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP CECONI, ARTHUR 2000 GALLOPING HILL ROAD KENILWORTH, NJ 07033
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CREELMAN, WILLIAM J 2000 GALLOPING HILL ROAD KENILWORTH, NJ 07033
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

Date

Daytime Phone # _____