


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P15454 1. Entity Name SCHERING CORPORATION	
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Principal Place of Business 2000 GALLOPING HILL ROAD KENILWORTH, NJ 07033	Mailing Address 2000 GALLOPING HILL ROAD KENILWORTH, NJ 07033
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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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U000000874527 04/10/08-80119-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SORIERO, DONALD J 2000 GALLOPING HILL ROAD KENILWORTH, NJ 07033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUBOIS, MICHAEL 2000 GALLOPING HILL RD KENILWORTH, NJ 07033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP CECONI, ARTHUR 2000 GALLOPING HILL ROAD KENILWORTH, NJ 07033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CREELMAN, WILLIAM J 2000 GALLOPING HILL ROAD KENILWORTH, NJ 07033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 J. 3/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #