


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91033 032 ***150.00

DOCUMENT # P15454

1. Entity 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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **22-1261880**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	WYSZOMIERSKI, JACK L	
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 checked="" 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur Ceconi, Jr.	
STREET ADDRESS	One Giralda Farms	
CITY-ST-ZIP	Madison, NJ 07940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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. **REQUIRED** 4/7/03 973-822-7115

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

Arthur Ceconi, Jr. Assistant Secretary

CR2E034 (10/02)