

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P21858** (6)

1. Corporation Name  
**MERCK & CO., INC.**



Principal Place of Business  
**PO BOX 100, ONE MERCK DR  
WS3AB-05  
WHITEHOUSE STATION NJ 08889  
US**

Mailing Address  
**PO BOX 100, ONE MERCK DR  
WS3AB-05  
WHITEHOUSE STATION NJ 08889  
US**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified <b>11/22/1988</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>22-1109110</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0501, Florida Statutes.

SIGNATURE \_\_\_\_\_

Signature of the person who prepared this statement \_\_\_\_\_ Date of Report \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	GILMARTIN, RAYMOND V.	
STREET ADDRESS	1 MERCK DR	
CITY- ST- ZIP	WHITEHOUSE STATION NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCDONALD, MARY M.	
STREET ADDRESS	1 MERCK DR.	
CITY- ST- ZIP	WHITEHOUSE STATION NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COLBERT, CELIA A.	
STREET ADDRESS	1 MERCK DRIVE	
CITY- ST- ZIP	WHITEHOUSE STATION NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEWENT, JUDY C	
STREET ADDRESS	1 MERCK DR	
CITY- ST- ZIP	WHITEHOUSE STATION NJ	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSINSKI, DOLORES O.	
STREET ADDRESS	1 MERCK DR	
CITY- ST- ZIP	WHITEHOUSE STATION NJ	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DORSA, CAROLINE	
STREET ADDRESS	1 MERCK DRIVE	
CITY- ST- ZIP	WHITEHOUSE STATION NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(iv), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dolores O. Rosinski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Dolores O. Rosinski, Sr. Assistant Secretary**

3/19/96 (908) 423-5064

CR2E034 (12/95)