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FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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 08889-3400
 US**

3. Date Incorporated or Qualified **11/22/1988** 3a. Date of Last Report **03/26/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **22-1109110** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country 25 Country 29 **08889-0100** 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signatures typed or printed name of registered agent and title, if applicable

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CPD GILMARTIN, RAYMOND V. | 1.2 NAME | |
| STREET ADDRESS | 1 MERCK DR WHITEHOUSE STATION NJ | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | V | 1.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCDONALD, MARY M. | 2.2 NAME | |
| STREET ADDRESS | 1 MERCK DR. WHITEHOUSE STATION NJ | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | S | 2.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLBERT, CELIA A. | 3.2 NAME | |
| STREET ADDRESS | 1 MERCK DRIVE WHITEHOUSE STATION NJ | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | V | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEWENT, JUDY C | 4.2 NAME | |
| STREET ADDRESS | 1 MERCK DR WHITEHOUSE STATION NJ | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | AS | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSINSKI, DOLORES O. | 5.2 NAME | |
| STREET ADDRESS | 1 MERCK DR WHITEHOUSE STATION NJ | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | T | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DORSA, CAROLINE | 6.2 NAME | |
| STREET ADDRESS | 1 MERCK DRIVE WHITEHOUSE STATION NJ | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do 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 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* **Dolores O. Rosinski** 4/28/97 (908) 423 1688
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sr. Asst. Secretary Date Daytime Phone #

CR2E034 (9/96)