

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90182 002 ***150.00

DOCUMENT # P21858

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 08889-0100 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25

2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified 11/22/1988

4. FEI Number 22-1109110 Applied For Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (1/198)

14. 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 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, with all other like empowered.

SIGNATURE: *Dolores O. Rosinski*

4/28/99

908-423-1688

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