2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2006 8:00 am Secretary of State

DOCUMENT # P39116 1. Entity Name COVANCE CARDIAC SAFETY SERVICES INC.					05-05-2006 90181 030 ***150.00				
Principal Place of Business M		Mailing Address		1.					
210 CARNEG		210 CARNEGIE CENTER							
		ATTN: TAX DEPT. Princeton, nj. 08540							
		TRINGETON, NJ 00340	,						
2. Principal Place of Business 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242006	Chg-P	CR2E034 (11/05)			
City & State		City & State		4. FEI Number	972	├ ──	plied For		
Zip Country Zip		Zip	Count		\$9.7E		\$9.7E		
· 		·			5. Certificate of	Status Desired	Fee Require		
	6. Name and Address of Current R	egistered Agent		Name	7. Name and A	ddress of New R	egistered Agent		
C T CORP	ORATION SYSTEM				Name				
	TH PINE ISLAND ROAD ON, FL 33324	Street Address (P.O. Box Number is Not Acceptable)							
				City			FL Zip God	е	
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, types or printed name of registered agent and title in applicable. (NOTE: Registered Agent signature required when constaining) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 1 \$5.00 May Be Added to Fees									
10.	OFFICERS AND D		11.	- 1	ADDITIONS/C	HANGES TO OFFI	ICERS AND DIRECTOR		
TITLE NAME	VSD LOVETT, JAMES W	☐ Delete	TITLE	1			Change	Addition	
STREET ADDRESS	210 CARNEGIE CENTER			ET ADDRESS					
CITY-ST-ZIP	PRINCETON, NJ 08540		CITY	- ST - ZIP					
TITLE	PD	Delete	TITLE	I			☐ Change	Addition	
NAME STREET ADDRESS	BAYNON, JAMES A 210 CARNEGIE CENTER	£. •	NAM	et address					
CITY-ST-ZIP	PRINCETON, NJ 08540			ST-ZIP					
TITLE	D	Delete	TITLE				Change	Addition	
NAME	KUEBLER, CHRISTOPHER A	/-	NAM	E .					
STREET ADDRESS CITY-ST-ZIP	210 CARNEGIE CENTER			ET ADDRESS					
	PRINCETON, NJ 08540	——————————————————————————————————————		- ST-7IP	***************************************			<u> </u>	
TITLE NAME	VATD KLITGAARD, WILLIAM E	☐ Delete	TITLE NAM:				☐ Change	Addition	
STREET ADORESS	210 CARNEGIE CENTER		STRE	et address					
CITY-ST-ZIP	PRINCETON, NJ 08540		CITY	-ST-ZIP			~~~		
IBLE	V	☐ Dalete	THUE	I			Change	Addition	
name Street Address	WOJTOWICZ, FREDERICK W 210 CARNEGIE CENTER		NAM	e Et adoress					
CITY-ST-ZIP	PRINCETON, NJ 08540			-ST-ZIP					
TITLE.	AS	☐ Dalde	TITL!			***************************************	☐ Change	Addition	
NAME	GINSKY, MARC S		NAMI	E			<u> </u>		
STREET ADDRESS	210 CARNEGIE CENTER			ET ADORESS					
CITY-ST-ZIP	PRINCETON, NJ 08540	:- <u>2</u> - - - - - - - - - -	L	-\$T-7IP	21. 0b-1- 4-5 1	Table Daniel			
iz. Increby (certify that the information supplied with t on this report or supplemental report is t	ns mey coes not quality to	n trie exe	mptions contained	u in Unapier 119, i cama legal effect :	riorida Statutes, i	Juriner certify that the it	normation	

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 path; 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

SIGNATURE AND TYPED OR PRINTED NAME OF

SUNING OFFICER OR DIRECTOR

4/25/06

609-452-4168

Daytime Phone #

ATTACHMENT

Covance Cardiac Safety Services Inc.
Document # P39116

Statement Attached to and Made Part of 2002 Florida Uniform Business Report

ADDITIONAL OFFICERS:

<u>Name</u>	<u>Title</u>	Business Address
Ross A. Hyams Suzanne D'Amico-Sharp	AS AT	210 Carnegie Center, Princeton, NJ 08540 210 Carnegie Center, Princeton, NJ 08540