

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J32538

Entity Name: COVANCE CLINICAL RESEARCH UNIT INC.**Current Principal Place of Business:**210 CARNEGIE CENTER
PRINCETON, NJ 08540**Current Mailing Address:**210 CARNEGIE CENTER
PRINCETON, NJ 08540 US**FEI Number:** 58-1695239**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name HERRING, JOSEPH L
Address 210 CARNEGIE CENTER
City-State-Zip: PRINCETON NJ 08540

Title VICE PRES., DIRECTOR
Name SCHOLTZ, HERMAN MD
Address 210 CARNEGIE CENTER
City-State-Zip: PRINCETON NJ 08540

Title VSD
Name LOVETT, JAMES W
Address 210 CARNEGIE CENTER
City-State-Zip: PRINCETON NJ 08540

Title PRESIDENT, DIRECTOR
Name CIMINO, RICHARD F
Address 210 CARNEGIE CENTER
City-State-Zip: PRINCETON NJ 08540

Title DVAT
Name CORNELL, ALISON A
Address 210 CARNEGIE CENTER
City-State-Zip: PRINCETON NJ 08540

Title VP
Name WOJTOWICZ, FREDERICK W
Address 210 CARNEGIE CENTER
City-State-Zip: PRINCETON NJ 08540

Title VICE PRES., TREASURER
Name STELMAKH, EDWARD
Address 210 CARNEGIE CENTER
City-State-Zip: PRINCETON NJ 08540

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FREDERICK W. WOJTOWICZ

VICE PRESIDENT

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date