

F 9500000 4019

Document Number Only

95 AUG 21 11 55  
LIVE

C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, Florida 32301

City State Zip Phone  
904-222-1092

CORPORATION(S) NAME

000001585068  
08/21/95 -01051 -015  
\*\*\*\*70.00 \*\*\*\*70.00

CM Delaware Corporation

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Dissolution/Withdrawal
- Annual Report
- Reservation
- Photo Copies
- Call if Problem
- Will Wait
- Merger
- Mark
- Other
- Change of R.A.
- Fictitious Name
- CUS/ G/S
- After 4:30
- Pick Up

SECRET  
DIVISION  
AUG 21 1995

W  
8/21

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3:00  
8/21/95

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED


**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:

1. CH DELAWARE CORPORATION  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation, instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE 3. 22-2715775  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JANUARY 21, 1986 5. PERPETUAL  
(Date of Incorporation) (Duration: Year co.p. will cease to exist or "perpetual")
6. UPON FILING  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.156, F.S.))
7. CH DELAWARE CORPORATION  
100 SUMMIT AVENUE ATTN: GEN'L COUNSEL, MONTVALE, NJ 07645  
(Current mailing address)
8. The leasing of data processing equipment.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:  
Name: C T CORPORATION SYSTEM  
Office Address: c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida, 33324  
(Zip Code)

10. Registered agent acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T CORPORATION SYSTEM  
  
(Registered agent's signature) (Officer)  
**TIMOTHY E. CARLSON**  
**ASSISTANT SECRETARY**  
(Type Name and Title of Officer)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

**A. DIRECTORS**

SEE ADDENDUM

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

SEE ADDENDUM

President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Robert B. McGovern  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert B. McGovern - Vice President - Taxon  
(Typed or printed name and capacity of person signing application)

CM DELAWARE CORPORATION

LIST OF DIRECTORS and OFFICERS

DIRECTORS \_\_\_\_\_ BUSINESS ADDRESS

James B. Duffy 100 Summit Avenue, Montvale New Jersey 07645

OFFICERS \_\_\_\_\_ TITLE \_\_\_\_\_ BUSINESS ADDRESS

Caroline Dorsa	Treasurer	One Merck Drive, PO Box 100 Whitehouse Station, NJ 08889-0100
James B. Duffy	President	100 Summit Avenue, Montvale New Jersey 07645
Frank J. Falla, Jr.,	VP - Taxes	100 Summit Avenue, Montvale New Jersey 07645
Michael Findling	VP - Taxes	100 Summit Avenue, Montvale New Jersey 07645
Robert B. McGovern	VP-Taxes	100 Summit Avenue, Montvale New Jersey 07645
Daniel C. Walden	Ass't Secretary	100 Summit Avenue, Montvale New Jersey 07645

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CM DELAWARE CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF AUGUST, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF STATE  
DEPARTMENT OF REVENUE  
CORPORATION DIVISION  
08-15-95 12:59



*Edward J. Freel*

Edward J. Freel, Secretary of State

2081456 8300

950184784

AUTHENTICATION:

7608867

DATE:

08-15-95

Document Number Only

F95000004019

C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, Florida 32301

City State Zip Phone

CORPORATION(S) NAME

700000001654157-1  
 05/05/97-01031-023  
 \*\*\*\*\*35.00 \*\*\*\*\*45.00

CM Delaware Corporation

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Limited Liability Partnership
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Dissolution/Withdrawal
- Annual Report
- Reservation
- Photo Copies
- Call if Problem
- Will Wait
- Merger
- Mark
- Other
- Change of RA
- Fictitious Name
- CUS
- After 4:00
- Pick Up

DIVISION OF CORPORATIONS  
 97 MAY -5 AM 11:53  
 RECEIVED  
 MAY -5 PM 2:42  
 TALLAHASSEE, FLORIDA

FILED

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED

5/5/97

5/5  
 Jony  
 R.D. Crane

Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: C M Delaware Corporation

1b. Date of <sup>qualification</sup> incorporation 8/21/95 Document number \_\_\_\_\_

2. The name and address of the current registered agent and office:

C T Corporation System

8751 West Broward Blvd. Plantation, FL 33324

3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

97 MAY -5 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Douglas Wamsley  
SIGNATURE

Douglas Wamsley, Vice President  
Typed or printed name and title

\_\_\_\_\_  
DATE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT

SIGNATURE BY: Timothy E. Carlson  
(Registered Agent)

DATE 4/29/97 TIMOTHY E. CARLSON  
ASSISTANT SECRETARY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314