

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90014 049 \*\*\*158.75

**DOCUMENT # F95000004019**

1. Entity Name  
**CM DELAWARE CORPORATION**

**549852**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>100 SUMMIT AVENUE MONTVALE NJ 07645</b>	Mailing Address <b>% MERCK &amp; CO., INC., TAX DEPARTMENT ONE MERCK DRIVE WHITEHOUSE STATION NJ 08889-0100</b>
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2. Principal Place of Business <i>100 Merck Medco Managed Care LLC</i> Suite, Apt. #, etc. <b>100 PARSONS POND DRIVE</b> City & State <b>FRANKLIN LAKES NJ</b>	3. Mailing Address Suite, Apt. #, etc. City & State Zip <b>07417</b>
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4. FEI Number <b>22-2715775</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<b>DUFFY, JAMES B</b> <input checked="" type="checkbox"/> Delete	TITLE <b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Bert I. Weinstein</b>
NAME	<b>SUMNEYTOWN PIKE</b>	NAME	<b>One Merck Drive</b>
STREET ADDRESS	<b>WEST POINT PA 19486</b>	STREET ADDRESS	<b>Whitehouse Station NJ 08889</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>SVP</b> <input type="checkbox"/> Delete	<b>REED, JOANN A</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>100 PARSONS POND DRIVE</b>	NAME	
STREET ADDRESS	<b>FRANKLIN LAKES NJ 07417</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>TD</b> <input type="checkbox"/> Delete	<b>DORSA, CAROLINE</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ONE MERCK DRIVE</b>	NAME	
STREET ADDRESS	<b>WHITEHOUSE STATION NJ 08889</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>VP</b> <input checked="" type="checkbox"/> Delete	<b>FINDLING, MICHAEL</b>	TITLE <b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Debra Bollwage</b>
NAME	<b>100 PARSONS POND DRIVE</b>	NAME	<b>One Merck Drive</b>
STREET ADDRESS	<b>FRANKLIN LAKES NJ 07417</b>	STREET ADDRESS	<b>Whitehouse Station NJ 08889</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>VP</b> <input type="checkbox"/> Delete	<b>MCGOVERN, ROBERT B</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1 MERCK DRIVE</b>	NAME	
STREET ADDRESS	<b>WHITEHOUSE STATION NJ 08889</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert B. McGovern Robert B. McGovern Vice President 908-423-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Document#  
F95000004019

Merck & Co., Inc.  
One Merck Drive  
P.O. Box 100  
Whitehouse Station NJ 08889-0100

549852

April 13, 2001



Division of Corporations  
Annual Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Subject: CM Delaware, Inc.  
2001 Annual Report

Gentlemen:

As you requested, we have completed and enclosed the above for filing, together with our check in full payment of the tax, if any is shown to be due.

As acknowledgment of receipt, please sign the enclosed copy of this letter and return it in the business reply envelope provided.

Sincerely,

*Cathy Hartman*

Cathy Hartman  
Sr. Tax Specialist - Domestic Compliance

Ph(908) 423-4132

Fx(908) 735-1281

~~\$158-75~~  
CMDEL 9-1(01)

Document #  
F95000004019

549859

Merck & Co., Inc.  
One Merck Drive  
P.O. Box 100  
Whitehouse Station NJ 08889-0100

April 13, 2001



Division of Corporations  
Annual Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

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2001 Annual Report

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As acknowledgment of receipt, please sign the enclosed copy of this letter and return it in the business reply envelope provided.

Sincerely,

A handwritten signature in cursive script that reads "Cathy Hartman".

Cathy Hartman  
Sr. Tax Specialist - Domestic Compliance

Ph(908) 423-4132  
Fx(908) 735-1281

\$158.75  
CMDEL 9-1(01)