

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000004203

**Entity Name:** COVANCE CRU INC.

**Current Principal Place of Business:**

3301 KINSMAN BLVD.  
MADISON, WI 53704

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC5427738961**

**Current Mailing Address:**

210 CARNEGIE CENTER  
PRINCETON, NJ 08540

**FEI Number:** 91-1741190

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH 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 VSD  
Name LOVETT, JAMES W  
Address 210 CARNEGIE CENTER  
City-State-Zip: PRINCETON NJ 08540

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

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

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

Title DV  
Name SCHOLTZ, HERMAN  
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**

**04/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date