

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J32538

FILED
Apr 10, 2012
Secretary of State

Entity Name: COVANCE CLINICAL RESEARCH UNIT INC.

Current Principal Place of Business:

210 CARNEGIE CENTER
PRINCETON, NJ 08540 US

New Principal Place of Business:

Current Mailing Address:

210 CARNEGIE CENTER
PRINCETON, NJ 08540 US

New Mailing Address:

FEI Number: 58-1695239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

Title: VDT
Name: SCHOLTZ, HERMAN MD
Address: 210 CARNEGIE CENTER
City-St-Zip: PRINCETON, NJ 08540

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

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

Title: DVAT
Name: KLITGAARD, WILLIAM E
Address: 210 CARNEGIE CENTER
City-St-Zip: PRINCETON, NJ 08540

Title: VP
Name: WOJTOWICZ, FREDERICK W
Address: 210 CARNEGIE CENTER
City-St-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

VP

04/10/2012

Electronic Signature of Signing Officer or Director

_____ Date