

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J32538** (7)  
1. Corporation Name  
**CORNING BESSELAAR CLINICAL RESEARCH UNITS, INC.**



Principal Place of Business Mailing Address  
**900 OSCEOLA DRIVE WEST PALM BEACH FL 33409 US**  
**ONE MALCOLM AVE TETERBORO NJ 07608**

3. Date Incorporated or Qualified **09/08/1986** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **58-1695239** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and Florida State FEI# Registered Agent Signature required when registering DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KUEBLER, CHRISTOPHER</b>	
STREET ADDRESS	<b>ONE MALCOLM AVE.</b>	
CITY-ST-ZIP	<b>TETERBORO NJ</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HURWITZ, JEFFREY S.</b>	
STREET ADDRESS	<b>ONE MALCOLM AVE.</b>	
CITY-ST-ZIP	<b>TETERBORO NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VANOURT, DOUG</b>	
STREET ADDRESS	<b>ONE MALCOLM AVE</b>	
CITY-ST-ZIP	<b>TETERBORO NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KOFFER, HARRIS</b>	
STREET ADDRESS	<b>ONE MALCOLM AVENUE</b>	
CITY-ST-ZIP	<b>TETERBORO NJ</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MAGGIO, GERALD</b>	
STREET ADDRESS	<b>ONE MALCOLM AVENUE</b>	
CITY-ST-ZIP	<b>TETERBORO NJ</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS	<b>210 CARNEGIE CENTER</b>		
14 CITY-ST-ZIP	<b>PRINCETON, NJ 08540</b>		
21 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS	<b>210 CARNEGIE CENTER</b>		
24 CITY-ST-ZIP	<b>PRINCETON, NJ 08540</b>		
31 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 NAME	<b>VANOURT, DOUGLAS</b>		
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS	<b>210 CARNEGIE CENTER</b>		
44 CITY-ST-ZIP	<b>PRINCETON, NJ 08540</b>		
51 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS	<b>210 CARNEGIE CENTER</b>		
54 CITY-ST-ZIP	<b>PRINCETON, NJ 08540</b>		
61 TITLE	<b>AS</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
62 NAME	<b>STEPHEN A. CALAMARI</b>		
63 STREET ADDRESS	<b>ONE MALCOLM AVE.</b>		
64 CITY-ST-ZIP	<b>TETERBORO, NJ 07608</b>		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen Calamari **STEPHEN A. CALAMARI** 4/24/96 201 393 5415  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**ASST. TREASURER**

CR2E034 (12/95)