

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J32538

**FILED  
Apr 07, 2017  
Secretary of State  
CC6387521170**

**Entity Name:** COVANCE CLINICAL RESEARCH UNIT INC.

**Current Principal Place of Business:**

3402 KINSMAN BLVD  
MADISON, WI 53704

**Current Mailing Address:**

3402 KINSMAN BLVD  
MADISON, WI 53704 US

**FEI Number: 58-1695239**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	CEO, DIRECTOR
Name	SCHOLTZ, HERMAN MD
Address	3402 KINSMAN BLVD
City-State-Zip:	MADISON WI 53704
Title	SENIOR VICE PRESIDENT, CFO, DIRECTOR
Name	PRINGLE, ROBERT S.
Address	OSPREY HOUSE, MAIDENHEAD OFFICE PARK WESTACOTT WAY
City-State-Zip:	MAIDENHEAD BERKSHIRE SL6 3QH

Title	DIRECTOR, SENIOR VICE PRESIDENT AND SECRETARY
Name	EBERTS III, F. SAMUEL
Address	358 S. MAIN STREET
City-State-Zip:	BURLINGTON NC 27215
Title	DIRECTOR
Name	JONATHAN, ZUNG
Address	3402 KINSMAN BLVD
City-State-Zip:	MADISON WI 53704

*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: F. SAMUEL EBERTS III**

**SECRETARY**

**04/07/2017**

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

\_\_\_\_\_  
Date