

4-25-97 B

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 12 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J32538 (7)**

1. Corporation Name  
**COVANCE CLINICAL RESEARCH UNIT INC.**



Principal Place of Business <b>900 OSCEOLA DRIVE        WEST PALM BEACH FL 33409        US</b>	Mailing Address <b>ONE MALCOLM AVE        TETERBORO NJ 07608</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/08/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	26. <b>210 CARNEGIE CENTER</b>	4. FEI Number <b>58-1695239</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. <b>PRINCETON, NJ</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. <b>08540</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Expense
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM          1200 S. PINE ISLAND ROAD          PLANTATION FL 33324</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
		85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUEBLER, CHRISTOPHER</b>	1.2 NAME	
STREET ADDRESS	<b>210 CARNEGIE CENTER</b>	1.3 STREET ADDRESS	<b>210 Carnegie Center</b>
CITY-ST-ZIP	<b>PRINCETON NJ</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HURWITZ, JEFFREY S.</b>	2.2 NAME	<b>Charles C. Harwood, Jr.</b>
STREET ADDRESS	<b>210 CARNEGIE CENTER</b>	2.3 STREET ADDRESS	<b>210 Carnegie Center</b>
CITY-ST-ZIP	<b>PRINCETON NJ</b>	2.4 CITY-ST-ZIP	<b>Princeton, NJ 08540</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VANGORT, DOUGLAS</b>	3.2 NAME	<b>Thomas Oakley</b>
STREET ADDRESS	<b>ONE MALCOLM AVE</b>	3.3 STREET ADDRESS	<b>210 Carnegie Center</b>
CITY-ST-ZIP	<b>TETERBORO NJ</b>	3.4 CITY-ST-ZIP	<b>Princeton, NJ 08540</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KOFFER, HARRIS</b>	4.2 NAME	<b>William E. Klitgaard</b>
STREET ADDRESS	<b>210 CARNEGIE CENTER</b>	4.3 STREET ADDRESS	<b>210 Carnegie Center</b>
CITY-ST-ZIP	<b>PRINCETON NJ</b>	4.4 CITY-ST-ZIP	<b>Princeton, NJ 08540</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGGIO, GERALD</b>	5.2 NAME	
STREET ADDRESS	<b>210 CARNEGIE CENTER</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PRINCETON NJ</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPHEN A. CALAMARI</b>	6.2 NAME	
STREET ADDRESS	<b>ONE MALCOLM AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TETERBORO NJ</b>	6.4 CITY-ST-ZIP	

14. I do 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 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 \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ (1.09) 452-4430

CR2E034 (4/97)