

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90385 021 ***150.00

DOCUMENT # J32538

1. Entity Name
COVANCE CLINICAL RESEARCH UNIT INC.

Principal Place of Business

**210 CARNEGIE CENTER
 PRINCETON NJ 08540
 US**

Mailing Address

**210 CARNEGIE CENTER
 PRINCETON NJ 08540
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1695239

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. **SEE ATTACHED** OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KUEBLER, CHRISTOPHER A	
STREET ADDRESS	210 CARNEGIE CENTER	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERRING, JOSEPH L	
STREET ADDRESS	210 CARNEGIE CENTER	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HARWOOD, CHARLES C JR.	
STREET ADDRESS	210 CARNEGIE CENTER	
CITY-ST-ZIP	PRINCETON NJ 08540	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WESTRICK, MARY	
STREET ADDRESS	309 W. WASHINGTON AVENUE	
CITY-ST-ZIP	MADISON WI 53703	
TITLE	VT	<input type="checkbox"/> Delete
NAME	OAKLEY, THOMAS	
STREET ADDRESS	309 W. WASHINGTON AVENUE	
CITY-ST-ZIP	MADISON WI 53703	
TITLE	AT	<input type="checkbox"/> Delete
NAME	WOJTOWICZ, FREDERICK W	
STREET ADDRESS	210 CARNEGIE CENTER	
CITY-ST-ZIP	PRINCETON NJ 08540	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES W. LOVETT	
STREET ADDRESS	210 CARNEGIE CENTER	
CITY-ST-ZIP	PRINCETON, NJ 08540	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REVOKED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK W WOJTOWICZ

Date

Daytime Phone #

609-452-4168

CR2E034 (9/01)

Attachment #

Covance Clinical Research Unit Inc.
Document # J32538

Statement Attached to and Made Part of
2002 Florida Uniform Business Report

ADDITIONAL OFFICERS AND DIRECTORS:

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
William E. Klitgaard	V / AT / D	210 Carnegie Center, Princeton, NJ 08540
Russell D. Robinson	V	310 Swampbridge Road, Denver, PA 17517
Dr. Matthew J. Palazzolo	V	309 W. Washington Avenue, Madison, WI 53703
Marc S. Ginsky	AS	210 Carnegie Center, Princeton, NJ 08540
Ross A. Hyams	AS	210 Carnegie Center, Princeton, NJ 08540
Warren T. Meltzer	AS	210 Carnegie Center, Princeton, NJ 08540