

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92208 022 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J32538 1. Entity Name COVANCE CLINICAL RESEARCH UNIT INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 210 CARNEGIE CENTER Suite, Apt. #, etc.	3. Mailing Address 210 CARNEGIE CENTER Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PRINCETON, NJ	City & State PRINCETON, NJ	4. FEI Number 58-1695239	Applied For Not Applicable
Zip 08540	Country US	Zip 08540	Country US
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent		
Name CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD		
City PLANTATION	FL	Zip Code 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEE ATTACHED	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frederick Wojtowicz* **FREDERICK WOJTOWICZ** *4/1/03* **609-452-4168**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
8011828

Covance Clinical Research Unit Inc.
Document # J32538

Statement Attached to and Made Part of
2003 Florida Uniform Business Report

OFFICERS:

<u>Name</u>		<u>Title</u>	<u>Business Address</u>
Joseph L. Herring	P/D	President	210 Carnegie Center, Princeton, NJ 08540
William E. Klitgaard	V/AT/D	SVP & Asst. Treasurer	210 Carnegie Center, Princeton, NJ 08540
James W. Lovett	V/S/D	SVP & Secretary	210 Carnegie Center, Princeton, NJ 08540
Mary Westrick	V	SVP	309 W. Washington Avenue, Madison, WI 53703
Russell D. Robinson	V	VP & General Manager	310 Swampbridge Road, Denver, PA 17517
Thomas Oakley	V/T	VP & Treasurer	309 W. Washington Avenue, Madison, WI 53703
Dr. Matthew J. Palazzolo	V	VP	309 W. Washington Avenue, Madison, WI 53703
Marc S. Ginsky	AS	Asst. Secretary	210 Carnegie Center, Princeton, NJ 08540
Ross A. Hyams	AS	Asst. Secretary	210 Carnegie Center, Princeton, NJ 08540
Frederick W. Wojtowicz	AT	Asst. Treasurer	210 Carnegie Center, Princeton, NJ 08540

DIRECTORIES:

Christopher A. Kuebler	D		210 Carnegie Center, Princeton, NJ 08540
Joseph L. Herring	P/D		210 Carnegie Center, Princeton, NJ 08540
William E. Klitgaard	V/AT/D		210 Carnegie Center, Princeton, NJ 08540
James W. Lovett	V/S/D		210 Carnegie Center, Princeton, NJ 08540
Mary Westrick	D		309 W. Washington Avenue, Madison, WI 53703