

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

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90131 025 \*\*\*150.00

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

**DO NOT WRITE IN THIS SPACE**

**54053326**

2. Principal Place of Business  
**210 Carnegie Center**  
Suite, Apt. #, etc.

3. Mailing Address  
**210 Carnegie Center**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Princeton, NJ**

City & State  
**Princeton**

4. FEI Number  
**58-1695239**

Applied For  
 Not Applicable

Zip  
**08540**

Country  
**USA**

Zip  
**08540**

Country  
**USA**

5. Certificate of Status Desired  **\$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 South 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 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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SEE ATTACHED</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<b>DO NOT WRITE IN THIS SPACE</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		

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 W. Wojotwicz* **FREDERICK W. WOJOTWICZ** *4/29/04* **609-452-4168**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Attachment*

54053326

**Covance Clinical Research Unit Inc.**  
**Document # J32538**

**Statement Attached to and Made Part of  
2004 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