


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State


05-06-2005 90094 037 ***150.00

DOCUMENT # J32538 1. Entity Name COVANCE CLINICAL RESEARCH UNIT INC.	
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Principal Place of Business 210 CARNEGIE CENTER PRINCETON, NJ 08540 US	Mailing Address 210 CARNEGIE CENTER PRINCETON, NJ 08540 US
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DO NOT WRITE IN THIS SPACE

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04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1695239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	PD HERRING, JOSEPH L 210 CARNEGIE CENTER PRINCETON, NJ 08540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VATD KITGAARD, WILLIAME 210 CARNEGIE CENTER PRINCETON, NJ 08540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LOVETT, JAMES W 210 CARNEGIE CENTER PRINCETON, NJ 08540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WESTRICK, MARY 309 W. WASHINGTON AVENUE MADISON, WI 53703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT OAKLEY, THOMAS 309 W. WASHINGTON AVENUE MADISON, WI 53703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WOJTOWICZ, FREDERICK W 210 CARNEGIE CENTER PRINCETON, NJ 08540

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **FREDERICK WOJTOWICZ** 4/27/05 609-452-418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #