



ANNUAL REPORT OF REPRESENTED ENTITY

FORM L1-L Reporting For Calendar Year 2010

ELEC RECEIVED MAR 03 2011

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Website: www.elec.state.nj.us

FOR STATE USE ONLY

Amendment

Name of Represented Entity Merck Sharp & Dohme Corporation and its affiliates

Business Address c/o 2350 Kerner Blvd., Suite 250

City San Rafael State CA Zip Code 94901

*(Area Code) Telephone Number

1. Provide the following information regarding the Governmental Affairs Agent(s) employed by the Represented Entity named above.

1. Name Robert Silberg

Registration Number 1153-1 Job Title Director, Government Affairs

Business Address 3126 Cloverly Drive

City Furlong State PA Zip Code 18925

*(Area Code) Telephone Number (215) 345-4028

2. Name Bindi Patel

Registration Number 1758-1 Job Title Policy Manager MVID

Business Address 1551 Sansom St. Apt 500

City Philadelphia State PA Zip Code 19102

*(Area Code) Telephone Number (215) 563-0131

3. Name N/A

Registration Number Job Title

Business Address

City State Zip Code

*(Area Code) Telephone Number

4. Name N/A

Registration Number Job Title

Business Address

City State Zip Code

*(Area Code) Telephone Number

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 42:1A-11, an unlisted telephone number is not a public record and must not be provided on this form.

SCHEDULE G-1

ITEMIZATION OF BENEFITS WHICH EXCEEDED \$25 PER DAY OR \$200 PER CALENDAR YEAR TO STATE OFFICIALS AND THEIR IMMEDIATE FAMILY MEMBERS

PURPOSE: To report detailed information concerning benefits passed to State officials covered by the Act, as well as the immediate family members of these officials. If the value of a benefit exceeded \$25 per day or \$200 per calendar year, report below.

(Select one description item for each entry from the drop down list. When selecting "O - Other", enter a description in the space provided.)

Name of Benefit Recipient Dr. Katherine Hemstead, Director of NJ Dept. of Health & Senior Services
Date 3/17/2010 Description T - Travel Amount \$ 200.00

Name and Address of Payee/Vendor
Name King Limousine & Transportation
Address 3490 US Highway 1 Suite 11-2
City Princeton State NJ Zip Code 08540

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement
Date _____ Amount \$ _____
Description _____

Name of Benefit Recipient _____
Date _____ Description _____ Amount \$ _____

Name and Address of Payee/Vendor
Name _____
Address _____
City _____ State _____ Zip Code _____

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement
Date _____ Amount \$ _____
Description _____

Name of Benefit Recipient _____
Date _____ Description _____ Amount \$ _____

Name and Address of Payee/Vendor
Name _____
Address _____
City _____ State _____ Zip Code _____

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement
Date _____ Amount \$ _____
Description _____

Name of Benefit Recipient _____
Date _____ Description _____ Amount \$ _____

Name and Address of Payee/Vendor
Name _____
Address _____
City _____ State _____ Zip Code _____

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement
Date _____ Amount \$ _____
Description _____

CERTIFICATION

This certification shall be signed by a Governmental Affairs Agent employed by the Represented Entity or a responsible Financial or Governmental Affairs Officer of the Represented Entity.

I, Jason D. Kaune

(print name)

hereby certify that I am duly authorized by

Merck Sharp & Dohme Corporation and its affiliates

(print name of Represented Entity)

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2010

I certify that the statements made herein are true and accurate. I am aware that if any of the foregoing statements are willfully false, I may be subject to punishment.



Signature

3/3/2010

Date