FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:09

DOCUMENT # 803567 (7)

1. Corporation Name

LP HOLDING CORPORATION

Principal Place of Business

ATTN: LORRAINE E PEETZ
ONE POST STREET 29TH FLOOR
SAN FRANCISCO CA 94104

Mailing Address

ATTN: LORRAINE E PEETZ
ONE POST STREET 29TH FLOOR
SAN FRANCISCO CA 94104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1929
3a. Date of Last Report: 01/26/1994
4. FEI Number: 13-1027923 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Indianapolis, IN
Suite, Apt. #, etc.
22 Drop Code 1109
City & State
23 Indianapolis, IN
Zip
24 46285
Country
25 USA

2a. Mailing Address
26 Lilly Corporate Ctr
Suite, Apt. #, etc.
27
City & State
28 Indianapolis, IN
Zip
29 46285
Country
30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____________________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	AS
NAME	PEETZ, LORRAINE E.
STREET ADDRESS	ONE POST ST
CITY, ST, ZIP	SAN FRANCISCO CA
TITLE	VPS
NAME	MILLER, NANCY A
STREET ADDRESS	ONE POST ST
CITY, ST, ZIP	SAN FRANCISCO CA
TITLE	CEO
NAME	SEELENFREUND, ALAN
STREET ADDRESS	ONE POST ST.
CITY, ST, ZIP	SAN FRANCISCO CA
TITLE	VP
NAME	SCHOLZ, GARRET A
STREET ADDRESS	ONE POST ST.
CITY, ST, ZIP	SAN FRANCISCO CA
TITLE	VP
NAME	GREENBLATT, STANLEY A
STREET ADDRESS	ONE POST ST
CITY, ST, ZIP	SAN FRANCISCO CA
TITLE	PC
NAME	DOWELL, DAVID E
STREET ADDRESS	ONE POST STREET
CITY, ST, ZIP	SAN FRANCISCO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	AS	☒ Change ☐ Addition
1 NAME	Lootens, James B.	
1 STREET ADDRESS	Lilly Corporate Center	
1 CITY, ST, ZIP	Indianapolis, IN 46285	
2 TITLE	AS	☐ Change ☒ Addition
2 NAME	Thomas L. Pytynia	
2 STREET ADDRESS	Lilly Corporate Center, Indpls, IN	
2 CITY, ST, ZIP		
3 TITLE	CEO	☒ Change ☐ Addition
3 NAME	Mitchell E. Daniels, Jr.	
3 STREET ADDRESS	Lilly Corporate Center	
3 CITY, ST, ZIP	Indianapolis, IN 46285	
4 TITLE	VP and Treasurer	☒ Change ☐ Addition
4 NAME	Thomas J. Garrity	
4 STREET ADDRESS	Lilly Corporate Center	
4 CITY, ST, ZIP	Indianapolis, IN 46285	
5 TITLE	VP and Controller	☒ Change ☐ Addition
5 NAME	Michael S. Hunt	
5 STREET ADDRESS	Lilly Corporate Center	
5 CITY, ST, ZIP	Indianapolis, IN 46285	
6 TITLE	Secretary	XX Change ☐ Addition
6 NAME	Arnold Pinkston	
6 STREET ADDRESS	Lilly Corporate Center, Indpls, IN	
6 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James B. Lootens, Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-13-95

Daytime Phone #

0483076 FP

803567

REMITTANCE ADVICE

ELI LILLY AND COMPANY
LILLY CORPORATE CENTER
INDIANAPOLIS, INDIANA 46285

FLORIDA DEPT OF STATE

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DATE: 03/27/95
PAYEE CODE: FL046P
PAGE NO.: 1

CONTROL NUMBER: 950830621 MICR NUMBER: 4155003

PURCH ORD NO	INVOICE NUMBER	INVOICE DATE	INVOICE GROSS AMT	INVOICE DISCOUNT	INVOICE NET AMOUNT
VENDOR CODE: FL046P					
	1995032100152	03/01/95	200.00	0.00	200.00
	CONTROL TOTAL		200.00	0.00	200.00