

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816588

FILED
Feb 12, 2008
Secretary of State

Entity Name: ELI LILLY AND COMPANY

Current Principal Place of Business:

LILLY CORPORATE CENTER
INDIANAPOLIS, IN 46285

New Principal Place of Business:

Current Mailing Address:

LILLY CORPORATE CENTER
ATTN: JAMES LOOTENS
INDIANAPOLIS, IN 46285

New Mailing Address:

FEI Number: 35-0470950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEO () Delete
Name: TAUREL, SIDNEY
Address: LILLY CORPORATE CENTER
City-St-Zip: INDIANAPOLIS, IN 46285

Title: VP () Delete
Name: PAUL, STEVEN
Address: LILLY CORPORATE CENTER
City-St-Zip: INDIANAPOLIS, IN 46285

Title: AS () Delete
Name: MANTLO, BRONWEN
Address: LILLY CORPORATE CENTER
City-St-Zip: INDIANAPOLIS, IN 46285

Title: VP () Delete
Name: ARMITAGE, ROBERT A
Address: LILLY CORPORATE CENTER
City-St-Zip: INDIANAPOLIS, IN 46285

Title: CS () Delete
Name: LOOTENS, JAMES B
Address: LILLY CORPORATE CENTER
City-St-Zip: INDIANAPOLIS, IN 46285

Title: PCOO () Delete
Name: LECHLEITER, JOHN C
Address: LILLY CORPORATE CENTER
City-St-Zip: INDIANAPOLIS, IN 46285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES B. LOOTENS

CS

02/12/2008

Electronic Signature of Signing Officer or Director

_____ Date