

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **820400** (0)

1. Corporation Name  
**BAXTER HEALTHCARE CORPORATION**



Principal Place of Business Mailing Address  
**ONE BAXTER PARKWAY P. O. BOX 703 DEERFIELD IL 60015-4625**

3. Date Incorporated or Qualified **04/10/1967** 3a. Date of Last Report **01/31/1995**  
4. FEI Number **36-2604143** 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 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D LOUCKS, VERNON R</b>	1.2 NAME	
STREET ADDRESS	<b>899 RINGWOOD RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE FOREST IL</b>	1.4 CITY-ST-ZIP	<b>500001839965</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V STUBITZ, ARTHUR F.</b>	2.2 NAME	<b>05/28/96-01016-010</b>
STREET ADDRESS	<b>232 DEERFIELD RD</b>	2.3 STREET ADDRESS	<b>***200.00</b>
CITY-ST-ZIP	<b>DEERFIELD IL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>C ANDERSON, BRIAN P</b>	3.2 NAME	
STREET ADDRESS	<b>1705 SAUNDERS RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD IL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D WHITE, TONY L</b>	4.2 NAME	<b>President + Director</b>
STREET ADDRESS	<b>575 STABLE LANE</b>	4.3 STREET ADDRESS	<b>Lester B. Knight</b>
CITY-ST-ZIP	<b>LAKE FOREST IL</b>	4.4 CITY-ST-ZIP	<b>1005 Chestnut</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S SIECK, A GERARD</b>	5.2 NAME	<b>Asst. Treasurer</b>
STREET ADDRESS	<b>199 STANLEY AVE</b>	5.3 STREET ADDRESS	<b>Ivan Shandor</b>
CITY-ST-ZIP	<b>PARK RIDGE IL</b>	5.4 CITY-ST-ZIP	<b>1504 N. Waukegan Rd</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SVPC KRAEMER, HARRY M. JR.</b>	6.2 NAME	<b>lake Forest IL 60045</b>
STREET ADDRESS	<b>936 SENECA RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILMETTE IL</b>	6.4 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)(k), 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: *Ivan Shandor*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **IVAN SHANDOR**  
Asst. Treasurer **APR 22 1996** (847) 948-2344  
Date Daytime Phone #

CR2E034 (12/95)