**FILED** 

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## Apr 28, 2003 8:00 am Secretary of State 826796 DOCUMENT # 04-28-2003 91421 033 \*\*\*150.00 1. Entity Name ZENECA INC. Principal Place of Business Mailing Address ATTN: LEGAL DEPT. FOR 2 P.O. BOX 15438 LEGAL DEPT. FOP-3 FOP-2 1800 CONCORD PIKE WILMINGTON DE 19850 WILMINGTON DE 19850-5438 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 51-0112320 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE TITLE ☐ Delete ENGELMANN, GLENN M NAME NAME 1800 CONCORD PIKE STREET ADORESS STREET ADORESS CITY-ST-ZIP WILMINGTON DE 19850 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition DAVIES, GREGORY A NAME NAME STREET ADDRESS 1800 CONCORD PIKE STREET ADDRESS WILMINGTON DE 19850 CITY-ST-ZIP CITY-ST-ZIP TITLE **VD** ☐ Delete TITLE ☐ Change ☐ Addition NAME GODDARD, JOHN G NAME STREET ADDRESS **1800 CONCORD PIKE** STREET ADDRESS CITY-ST-ZIP WILMINGTON DE 19850 CITY-ST-ZIP CD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SYMONDS, JON R NAME NAME STREET ADDRESS 1800 CONCORD PIKE STREET ADDRESS CITY-ST-ZIP WILMINGTON DE 19850 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BOOTH-BARBARIN, ANN V NAME NAME STREET ADDRESS 1800 CONCORD PIKE STREET ADDRESS CITY-ST-ZIP WILMINGTON DE 19850 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

**SIGNATURE:** 

changed, or on an attachment with an addr

ith all other

Ann <u>V. Boot</u>h-Barbarin 4/22/03 (302) 886-3091

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