

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **842478** (0)

1. Corporation Name
BAXTER EXPORT CORPORATION



Principal Place of Business Mailing Address
**% TAX DEPT. ONE BAXTER PKWY
P.O. BOX 703
DEERFIELD IL 60015-0703**

3. Date Incorporated or Qualified **01/29/1979** 3a. Date of Last Report **01/31/1995**
4. FEI Number **36-2605679** 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 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____
Signature of Florida Resident Registered Agent (Print Name) _____ Date of Registration _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMRON, LAWRENCE D.	1.2 NAME	
STREET ADDRESS	2524 N. BURLING	1.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	1.4 CITY- ST- ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, TONY L.	2.2 NAME	Anthony G. Sieck
STREET ADDRESS	575 STABLE LANE	2.3 STREET ADDRESS	119 Stanley Ave.
CITY- ST- ZIP	LAKE FOREST IL	2.4 CITY- ST- ZIP	Park Ridge, IL 60068
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAEMER, HARRY M. J.	3.2 NAME	
STREET ADDRESS	936 SENECA RD.	3.3 STREET ADDRESS	
CITY- ST- ZIP	WILMETTE IL	3.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAUBITZ, ARTHUR F.	4.2 NAME	
STREET ADDRESS	232 DEERFIELD RD.	4.3 STREET ADDRESS	
CITY- ST- ZIP	DEERFIELD IL	4.4 CITY- ST- ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Asst. Secretary + Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNGS, MAYNARD L.	5.2 NAME	David C. McKee
STREET ADDRESS	6 NOTTINGHAM DR.	5.3 STREET ADDRESS	828 Surrey Lane
CITY- ST- ZIP	LINCOLNSHIRE IL	5.4 CITY- ST- ZIP	Lake Forest, IL 60045
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANDOR, IVA	6.2 NAME	Shandor, Ivan
STREET ADDRESS	11 GREEN BAY ROAD	6.3 STREET ADDRESS	1504 N. Waukegan Rd
CITY- ST- ZIP	PARK RIDGE IL	6.4 CITY- ST- ZIP	Lake Forest, IL 60045

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 successor's 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: *Lawrence D. Damron* **Lawrence D. Damron** Treasurer **4/25/96** (847) 948-2844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)