FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 842478

(0)

Mailing Address

BAXTER EXPORT CORPORATION

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% TAX DEPT.ONE BAXTER PKWY P.O. BOX 703 DEERFIELD IL 60015-0703		% Tax Deptone baxto P.O. Box 703 Deerfield IL 60015-0703			3. Date Incorporated or Qualified	3a. Date of Last I	Report
					01/29/1979	05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. Fel Number 36~2605679	h—+-	pplied For lot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional	
22		27	27		5. Cortificate of Status Desired		lequired
City & State		City & State			6. Election Campaign Financing) Мау Ве
23 Zip	ip Country Zip		Count		1rust Fund Contribution		10 Fees
24	25	29	30	,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
<u></u>	9. Name and Address of Curre	4+			10. Name and Address of New Re	gistered Agent	· · · · · · · · · · · · · · · · · · ·
CT	CORPORATION SYSTEM		8	Name			
	O S. PINE ISLAND ROAD		8	2 Street A	ddress (P.O. Box Number is Not Acceptate	ole)	
PLA	INTATION FL 33324		8	.l			
			0	'			
			B	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05t	02 and 607.1508, Florida Statu	tes. The abo	J ∕o-named o	orporation submits this statement for the p	ournose of changing	its registered
office or a	registered agent, or both, in the State am familiar with, and accept the oblic	e of Horida. Such change was rations of, Section 607,0505, Fl	authorized I Iorida Statut	by the corpo	pration's board of directors. I heroby acce	pt the appointment a	s registered
SIGNATURE							
	Signature, typed or printed name of registered ag		· — — · · · · · · · · · · · · · · · · ·	gent signature n	equired which reinclating)	DATE	DO IN 40
12.	OFFICERS AN	ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	
NAME	DAMRON, LAWRENCE D.	_ Marie	1.2 NAM	1		CII onango	LT Modified
STREET ADDRESS	2524 N. BURLING			T ADDRESS			
CITY-ST-ZIP	CHICAGO IL		1.4 CITY	ST-7IP			
TITLE	SD DELETE		2.1 TIFLE			Change	Addition
NAME	SIECK, ANTHONY G		2.2 NAMI	i	•		
STREET ADDRESS	119 STANLEY AVE PARK RIDGE IL		1	1 ADDRESS			
CITY-ST-ZIP TITLE	V	⊠ DELETI	2 4 CITY 3 1 TiTLE	- ST - ZIP		Change	X Addition
NAME	KRAEMER, HARRY M. J	E DELCTE	32 NAMI		McKee, David C	/ Unange	A) riddi(ior
STREET ADDRESS	938 SENECA RD.			1 ADDRESS	228 Surrey Lane		
CITY-ST-ZIP	WILMETTE IL		34 CITY		Late Forest, 11 60045	-	
TITLE	ASD	☐ DELETE	4 1 THILE			Change	Addition
NAME	MCKEE, DAVID C		4. 2 NAM				
STREET ADDRESS	228 SURREY LANE LAKE FOREST IL			LADDRESS			
CITY-ST-ZIP TITLE	D DANE PURESTIL	X Define	4.4 CITY 5.1 TRLE		Run att 2 a Maila	Change	Addition
NAME	YOUNGS, MAYNARD L.	Z Peterit	5.1 INTE		STAUBITZ, Arthury	onange	A Subjection
STREET ADDRESS	6 NOTTINGHAM DR.		1	LADDRESS	232 Deerfield Rd		
CITY-ST-ZIP	LINCOLNSHIRE IL		5.4 C(1)	1	Deerfield, 11 600/5		
TITLE	AT	DELETE	6.1 7/1/16			Change	Addition
NAME	SHANDOR, IVAN		6.2 NAM				
STREET ADDRESS	1504 N. WAUKEGAN RD		6.3 STRE	1 ADDRESS			
CITY-ST-ZIP	LAKE FOREST IL		6.4 CITY	S1-ZIP			

14. I do 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 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 eath; that I am an officer or director of the corporation or the required or must be appears in Block 12 or Block 13 if thanged or an adultachment with a VAN SHANDOR

4/21/92

Asst. Treasurer

SIGNATURE: A