LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 APR 26 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B01000000117

1. Entity Name
ASTRAZENECA LP

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1800 Concord Pike	1800 Concord Pike
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Legal Department
City & State: Wilmington, DE	City & State: Wilmington, DE
Zip: 19850-5437 Country: USA	Zip: 19850-5437 Country: USA

DUE BY MAY 1

4. FEI Number: 23-2967017 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation **FL** Zip Code: 33324

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record: $136,707,093

10. Amount of Capital Contributions in FLORIDA to date: 13,617,757

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	B00000000085
NAME	AstraZeneca Pharmaceuticals LP
STREET ADDRESS	1800 Concord Pike
CITY-ST-ZIP	Wilmington, DE 19850-5437

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STAPLE CHECK HERE

14. 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 indicated on this report is true and accurate and that my Signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ 4/25/02 (302) 886-3091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Ann V. Booth-Barbarin, Assistant Secretary