


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90146 035 ***150.00

DOCUMENT # F04000002237

1. Entity Name
HOSPIRA WORLDWIDE, INC.



Principal Place of Business
**275 N. FIELD DRIVE
 LAKE FOREST, IL 60045**

Mailing Address
**275 N. FIELD DRIVE
 LAKE FOREST, IL 60045**

50047209



2. Principal Place of Business
 Suite, Apt. #, etc.
275 N. Field Dr

3. Mailing Address
 Suite, Apt. #, etc.
Dept 9730, H1-4

City & State
Lake Forest, IL

Zip
60045

04132005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0843328

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME FREYMAN, THOMAS C	
STREET ADDRESS 275 N. FIELD DRIVE	
CITY-ST-ZIP LAKE FOREST, IL 60045	
TITLE S	<input type="checkbox"/> Delete
NAME SMITH, BRIAN J	
STREET ADDRESS 275 N. FIELD DRIVE	
CITY-ST-ZIP LAKE FOREST, IL 60045	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Christopher B. Begley	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Lori O. Carlson	
STREET ADDRESS 275 N. Field Dr	
CITY-ST-ZIP Lake Forest, IL 60045	
TITLE VP, CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Terrence C. Kearney	
STREET ADDRESS 275 N. Field Dr	
CITY-ST-ZIP Lake Forest, IL 60045	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **VP-Tax** **4/19/2005** **224-212-2667**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #