FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:54

DOCUMENT # P27105 (6)

1. Corporation Name
BAXTER SYSTEMS INC.

Principal Place of Business	Mailing Address
P.O. BOX 703-SIT DEERFIELD IL 60015-7703	P.O. BOX 703-SIT DEERFIELD IL 60015-7703

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/01/1989
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 36-3674246 ☐ 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

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	1.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	STAUBITZ, ARTHUR F	1.2 NAME	Staubitz, Arthur F	
STREET ADDRESS	232 DEERFIELD RD	1.3 STREET ADDRESS	232 Deerfield Rd	
CITY-ST-ZIP	DEERFIELD IL	1.4 CITY-ST-ZIP	Deerfield, IL 60015	
TITLE	VD	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	ABBEY, G. MARSHALL	2.2 NAME	Jonas, David N.	
STREET ADDRESS	864 BURR AVE.	2.3 STREET ADDRESS	1059 Elm Ridge Dr.	
CITY-ST-ZIP	WINNETKA IL	2.4 CITY-ST-ZIP	Glencoe, IL 60022	
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	GAITHER, JOHN F JR.	3.2 NAME		
STREET ADDRESS	TWO EXMOOR LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LINCOLNSHIRE IL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	DAMRON, LAWRENCE D	4.2 NAME		
STREET ADDRESS	2524 N. BURLING	4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP		
TITLE	AT	5.1 TITLE		☐ Change ☐ Addition
NAME	SHANDOR, IVAN	5.2 NAME		
STREET ADDRESS	11 GREEN BAY ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE BLUFF IL	5.4 CITY-ST-ZIP		
TITLE	AS	6.1 TITLE		☐ Change ☐ Addition
NAME	FITZSIMMONS, PATRICK	6.2 NAME		
STREET ADDRESS	534 W BELMONT	6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP		

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)(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 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: [signature] IVAN SHANDOR Asst. Treasurer JAN 23 1995 (708) 948-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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