

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P07445 (0)**

1. Corporation Name
PHARMACIA INC.



Principal Place of Business: **7001 POST ROAD PO BOX 16529 COLUMBUS OH 43216**
Mailing Address: **P.O. BOX 16529 COLUMBUS OH 43216**

3. Date Incorporated or Qualified: **09/17/1985**
3a. Date of Last Report: **11/17/1995**
4. FEI Number: **13-3145666**
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: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

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: _____ (Print Name, typed or printed name of registered agent or officer, if applicable) (Print Registered Agent Signature name if other than principal) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CFOP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DA COSTA, FERNANDO		1.2 NAME		
STREET ADDRESS	7001 POST ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH 43017		1.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIANCHINE, JOSEPH R		2.2 NAME		
STREET ADDRESS	7001 POST ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH 43017		2.4 CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETTIT, WILLIAM A		3.2 NAME		
STREET ADDRESS	7001 POST RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH 43017		3.4 CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YANO, WILLIAM G		4.2 NAME		
STREET ADDRESS	7001 POST RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH 43017		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REED, JOSEPH W		5.2 NAME		
STREET ADDRESS	7001 POST RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH 43017		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDREOTTI, LAMBERTO		6.2 NAME		
STREET ADDRESS	535 MADISON AVE., 25TH FLOOR		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10022		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)(b), 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, 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 was an officer or director with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William G. Yano, Asst Treasurer
DATE: **4/10/96** (614) 764-8234
Dated: Florida

CR2E034 (12/95)