

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096022

1. Entity Name

ORTHO-MCNEIL FINANCE CO.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90031 050 ***158.75

Principal Place of Business

Mailing Address

4500 SALISBURY RD., STE. 300
JACKSONVILLE FL 32216-0995

4500 SALISBURY RD., STE. 300
JACKSONVILLE FL 32216-0954

2. Principal Place of Business

7500 Centurion Pkwy

3. Mailing Address

7500 Centurion Pkwy

Suite, Apt. #, etc.

Ste 100

Suite, Apt. #, etc.

Ste 100

City & State

Jacksonville, FL

City & State

Jacksonville, FL 32256

Zip

32256

Country

Duval

Zip

32256

Country

Duval

4. FEI Number

22-3714278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS SAVAGE, R.G.
CITY-ST-ZIP 4500 SALISBURY RD., STE. 300
JACKSONVILLE FL 32216-0995

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Rte 202, PO 303
CITY-ST-ZIP Raritan, New Jersey 08869

TITLE ☐ Delete
NAME D
STREET ADDRESS TORELLI, H.
CITY-ST-ZIP 4500 SALISBURY RD., STE. 300
JACKSONVILLE FL 32216-0995

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1 Johnson & Johnson Plaza
CITY-ST-ZIP New Brunswick, NJ 08933

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME AS
STREET ADDRESS Meek, G.R.
CITY-ST-ZIP 7500 Centurion Pkwy
Jacksonville, FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME AS
STREET ADDRESS Robinson, J. F.
CITY-ST-ZIP 1 Johnson & Johnson Plaza
New Brunswick, NJ 08933

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME AS
STREET ADDRESS Hilton J.R.
CITY-ST-ZIP 1 Johnson & Johnson Plaza
New Brunswick, NJ 08933

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME AT
STREET ADDRESS Reilly, M.P.
CITY-ST-ZIP 1 Johnson & Johnson Plaza
New Brunswick, NJ 08933

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary 4/27/00 (732) 524-3330

Date

Daytime Phone #

CR2E034 (9/99)