

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820400

Entity Name: BAXTER HEALTHCARE CORPORATION

Current Principal Place of Business:

ONE BAXTER PARKWAY
DEERFIELD, IL 60015

Current Mailing Address:

ONE BAXTER PARKWAY
DEERFIELD, IL 60015

FEI Number: 36-2604143

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name PARKINSON, ROBERT L. JR.
Address ONE BAXTER PARKWAY
City-State-Zip: DEERFIELD IL 60015

Title SECRETARY, DIRECTOR
Name SCHARF, DAVID P.
Address ONE BAXTER PARKWAY
City-State-Zip: DEERFIELD IL 60015

Title DIRECTOR
Name ALMEIDA, JOSE
Address ONE BAXTER PARKWAY
City-State-Zip: DEERFIELD IL 60015

Title TREASURER
Name BOHABOY, SCOTT
Address ONE BAXTER PARKWAY
City-State-Zip: DEERFIELD IL 60015

Title DIRECTOR
Name SACCARO, JAMES K.
Address ONE BAXTER PARKWAY
City-State-Zip: DEERFIELD IL 60015

Title ASSISTANT TREASURER
Name KLUMPP, HELENA M.
Address ONE BAXTER PARKWAY
City-State-Zip: DEERFIELD IL 60015

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HELENA M. KLUMPP

ASSISTANT TREASURER 04/01/2016

Electronic Signature of Signing Officer/Director Detail

Date