

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820400

FILED
Mar 27, 2013
Secretary of State
CC1679872745

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 PD
Name PARKINSON, JR, ROBERT L
Address ONE BAXTER PARKWAY
City-State-Zip: DEERFIELD IL 60015

Title S
Name SHINN, STEPHANIE A
Address ONE BAXTER PKWY
City-State-Zip: DEERFIELD IL 60015

Title CFOD
Name HOMBACH, ROBERT J
Address ONE BAXTER PARKWAY
City-State-Zip: DEERFIELD IL 60015

Title D
Name SCHARF, DAVID
Address ONE BAXTER PKWY
City-State-Zip: DEERFIELD IL 60015

Title T
Name SACCARO, JAMES K
Address ONE BAXTER PKWY
City-State-Zip: DEERFIELD IL 60015

Title AT
Name RICHTER, NORMAN
Address ONE BAXTER PKWY
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: NORMAN RICHTER

ASST. TREASURER

03/27/2013

Electronic Signature of Signing Officer/Director Detail

Date