

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 842478

**Entity Name:** BAXTER EXPORT CORPORATION

**Current Principal Place of Business:**

ONE BAXTER PARKWAY  
DEERFIELD, IL 60015

**Current Mailing Address:**

ONE BAXTER PARKWAY  
DEERFIELD, IL 60015 US

**FEI Number:** 36-2605679

**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  
Name            VIBERT, PAUL  
Address        ONE BAXTER PARKWAY  
City-State-Zip: DEERFIELD IL 60015

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

Title            DIRECTOR  
Name            MARTIN, SEAN  
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            CORPORATE VICE  
                  PRESIDENT/TREASURER  
Name            BOHABOY, SCOTT A.  
Address        ONE BAXTER PARKWAY  
City-State-Zip: DEERFIELD IL 60015

Title            CORPORATE VICE  
                  PRESIDENT/SECRETARY  
Name            MCINTOSH, ELLEN K.  
Address        ONE BAXTER PARKWAY  
City-State-Zip: DEERFIELD IL 60015

Title            ASSISTANT TREASURER  
Name            SCHAIBLE, JEFFREY L.  
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:** JEFFREY L. SCHAIBLE

**ASSISTANT TREASURER    04/03/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date