

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006370

Entity Name: HOSPIRA, INC.**Current Principal Place of Business:**275 N. FIELD DRIVE
LAKE FOREST, IL 60045**Current Mailing Address:**275 N. FIELD DRIVE
DEPT 9730, BLDG H1-4
LAKE FOREST, IL 60045**FEI Number:** 20-0504497**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH 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	CEO
Name	BALL, F. MICHAEL
Address	275 N. FIELD DRIVE
City-State-Zip:	LAKE FOREST IL 60045

Title	SEC
Name	BEDWARD, ROYCE R
Address	275 N. FIELD DRIVE
City-State-Zip:	LAKE FOREST IL 60045

Title	CFO
Name	WERNER, THOMAS E
Address	275 N. FIELD DR
City-State-Zip:	LAKE FOREST IL 60045

Title	TREA
Name	CHIALDIKAS, MIKE
Address	275 N. FIELD DRIVE
City-State-Zip:	LAKE FOREST IL 60045

Title	CHAIRMAN
Name	STALEY, JOHN C
Address	275 N. FIELD DRIVE
City-State-Zip:	LAKE FOREST IL 60045

Title	DIRECTOR
Name	BAILEY II, IRVING W
Address	275 N. FIELD DRIVE
City-State-Zip:	LAKE FOREST IL 60045

Title	DIRECTOR
Name	BOWLES, BARBARA L
Address	275 N. FIELD DRIVE
City-State-Zip:	LAKE FOREST IL 60045

Title	DIRECTOR
Name	CURRAN, CONNIE R
Address	275 N. FIELD DRIVE
City-State-Zip:	LAKE FOREST IL 60045

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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: THOMAS E WERNER

SR VP FINANCE, CFO

04/29/2014

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DEMPSEY, WILLIAM G
Address 275 N. FIELD DRIVE
City-State-Zip: LAKE FOREST IL 60045

Title DIRECTOR
Name SOKOLOV, JACQUE J
Address 275 N. FIELD DRIVE
City-State-Zip: LAKE FOREST IL 60045

Title DIRECTOR
Name WHEELER, MARK F
Address 275 N. FIELD DRIVE
City-State-Zip: LAKE FOREST IL 60045

Title DIRECTOR
Name FENTON, DENNIS M
Address 275 N FIELD DR
City-State-Zip: LAKE FOREST IL 60045

Title DIRECTOR
Name HALE, ROGER W
Address 275 N. FIELD DRIVE
City-State-Zip: LAKE FOREST IL 60045

Title DIRECTOR
Name VON PRONDZYNSKI, HEINO
Address 275 N. FIELD DRIVE
City-State-Zip: LAKE FOREST IL 60045

Title DIRECTOR
Name BALL, F MICHAEL
Address 275 N. FIELD DRIVE
City-State-Zip: LAKE FOREST IL 60045

Title DIRECTOR
Name FENTON, DENNIS M
Address 275 N FIELD DR
City-State-Zip: LAKE FOREST IL 60045