

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001126

**Entity Name:** MALLINCKRODT HOSPITAL PRODUCTS INC.

**Current Principal Place of Business:**

675 MCDONNELL BOULEVARD  
HAZELWOOD, MO 63042

**Current Mailing Address:**

675 MCDONNELL BOULEVARD  
HAZELWOOD, MO 63042

**FEI Number:** 41-2142317

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O 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           DIRECTOR / TREASURER  
Name           EINWALTER, JOHN E.  
Address        675 MCDONNELL BOULEVARD  
City-State-Zip: HAZELWOOD MO 63042

Title           DIRECTOR  
Name           HASELHORST, MARVIN  
Address        675 MCDONNELL BOULEVARD  
City-State-Zip: HAZELWOOD MO 63042

Title           DIRECTOR / PRESIDENT  
Name           SCHAEFER, KATHLEEN A.  
Address        675 MCDONNELL BOULEVARD  
City-State-Zip: HAZELWOOD MO 63042

Title           SECRETARY  
Name           WAGNER, KENNETH L.  
Address        675 MCDONNELL BOULEVARD  
City-State-Zip: HAZELWOOD MO 63042

*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:** KATHLEEN A. SCHAEFER

**PRESIDENT**

**04/06/2017**

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

\_\_\_\_\_  
Date