

2020 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 US

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 VP
Name MILLER, STEPHANIE D.
Address 3 LOTUS PARK
STAINES-UPON-THAMES
City-State-Zip: SURREY TW18 3AG

Title SECRETARY
Name MILLER, STEPHANIE D.
Address 3 LOTUS PARK
STAINES-UPON-THAMES
City-State-Zip: SURREY TW18 3AG

Title DIRECTOR
Name EINWALTER, JOHN E.
Address 675 MCDONNELL BOULEVARD
City-State-Zip: HAZELWOOD MO 63042

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

Title TREASURER
Name EINWALTER, JOHN E.
Address 675 MCDONNELL BOULEVARD
City-State-Zip: HAZELWOOD MO 63042

Title PRESIDENT
Name SCHAEFER, KATHLEEN A.
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

05/12/2020

Electronic Signature of Signing Officer/Director Detail

Date