

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004416

**Entity Name:** ZOETIS OF DELAWARE INC.

**Current Principal Place of Business:**

10 SYLVAN WAY  
PARSIPPANY, NJ 07054

**Current Mailing Address:**

10 SYLVAN WAY  
PARSIPPANY, NJ 07054 US

**FEI Number:** 46-0696167

**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            PECK, KRISTIN  
Address        10 SYLVAN WAY  
City-State-Zip:   PARSIPPANY NJ 07054

Title            DIRECTOR  
Name            MCCALLISTER, MICHAEL B.  
Address        10 SYLVAN WAY  
City-State-Zip:   PARSIPPANY NJ 07054

Title            DIRECTOR  
Name            RHODES, LINDA  
Address        10 SYLVAN WAY  
City-State-Zip:   PARSIPPANY NJ 07054

Title            DIRECTOR  
Name            PECK, KRISTIN  
Address        10 SYLVAN WAY  
City-State-Zip:   PARSIPPANY NJ 07054

Title            DIRECTOR  
Name            BISARO, PAUL M.  
Address        10 SYLVAN WAY  
City-State-Zip:   PARSIPPANY NJ 07054

Title            DIRECTOR  
Name            KHOSLA, SANJAY  
Address        10 SYLVAN WAY  
City-State-Zip:   PARSIPPANY NJ 07054

Title            DIRECTOR  
Name            D'AMELIO, FRANK A.  
Address        10 SYLVAN WAY  
City-State-Zip:   PARSIPPANY NJ 07054

Title            DIRECTOR  
Name            PARENT, LOUISE M.  
Address        10 SYLVAN WAY  
City-State-Zip:   PARSIPPANY NJ 07054

**Continues on page 2**

*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:** HEIDI CHEN

**SECRETARY**

**05/15/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SCULLY, ROBERT W.  
Address 10 SYLVAN WAY  
City-State-Zip: PARSIPPANY NJ 07054

Title TREASURER  
Name UDEN, CAMILLA  
Address 10 SYLVAN WAY  
City-State-Zip: PARSIPPANY NJ 07054

Title DIRECTOR  
Name STEERE, WILLIAM C JR.  
Address 10 SYLVAN WAY  
City-State-Zip: PARSIPPANY NJ 07054

Title DIRECTOR  
Name NORDEN, GREGORY  
Address 10 SYLVAN WAY  
City-State-Zip: PARSIPPANY NJ 07054

Title DIRECTOR  
Name REED, WILLIAM M.  
Address 10 SYLVAN WAY  
City-State-Zip: PARSIPPANY NJ 07054

Title SECRETARY  
Name CHEN, HEIDI  
Address 10 SYLVAN WAY  
City-State-Zip: PARSIPPANY NJ 07054

Title DIRECTOR  
Name ALAIX, JUAN RAMON  
Address 10 SYLVAN WAY  
City-State-Zip: PARSIPPANY NJ 07054