## **2018 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

FILED Apr 30, 2018

**Secretary of State** 

CC7386668007

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name RHODES, LINDA Name NORDEN, GREGORY
Address 10 SYLVAN WAY Address 10 SYLVAN WAY

City-State-Zip: PARSIPPANY NJ 07054 City-State-Zip: PARSIPPANY NJ 07054

Title CEO/DIRECTOR Title DIRECTOR

Name ALAIX, JUAN RAMON Name STEERE, WILLIAM C JR.

Address 10 SYLVAN WAY Address 10 SYLVAN WAY

City-State-Zip: PARSIPPANY NJ 07054 City-State-Zip: PARSIPPANY NJ 07054

TitleSECRETARYTitleTREASURERNameCHEN, HEIDINameUDEN, CAMILLAAddress10 SYLVAN WAYAddress10 SYLVAN WAY

City-State-Zip: PARSIPPANY NJ 07054 City-State-Zip: PARSIPPANY NJ 07054

Title DIRECTOR Title DIRECTOR

Name REED, WILLIAM M. Name SCULLY, ROBERT W. Address 10 SYLVAN WAY Address 10 SYLVAN WAY

City-State-Zip: PARSIPPANY NJ 07054 City-State-Zip: PARSIPPANY NJ 07054

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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: HEIDI CHEN SECRETARY 04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name PARENT, LOUISE M. Name D'AMELIO, FRANK A.

Address 10 SYLVAN WAY Address 10 SYLVAN WAY

City-State-Zip: PARSIPPANY NJ 07054 City-State-Zip: PARSIPPANY NJ 07054

Title DIRECTOR Title DIRECTOR

NameKHOSLA, SANJAYNameBISARO, PAUL M.Address10 SYLVAN WAYAddress10 SYLVAN WAY

City-State-Zip: PARSIPPANY NJ 07054 City-State-Zip: PARSIPPANY NJ 07054