Division of Corporations Florida Department of State Division of Corporations Electronic Filing Cover Sheet
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
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HDSCOO2400783AEC/ Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.
To: Division of Corporations
Fax Number : (850) 617-6380 From: Account Name : C.T. CORPORATION SYSTEM Account Number : FCA00000023 Phone : (150) 22241092 Fax Number : (150) 87805368 . Fax Number : (1000740078 (1)) **Enter the email address for this business entity to be used for future 39 annual report mailings. Enter only one email address please.**
Email Address: <u>On Couer letter</u> "
REGISTERED AGENT CHANGE WYETH HOLDINGS CORPORATION Certificate of Status 0 Certified Copy 0 Page Count 03 Estimated Charge 535.00 Control Control Cont

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT:	WYETH Holdings Corporation		
	Name of Corporation		
DOCUMENT NUMBER:	800918		

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Name of Contact Person	
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	Firm/Company	
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	Address	
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	City/State and Zip Code	

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CK2E045 (8/05)

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Mainc\_\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The name of the corpo	1UVET	H Holdings	
	TTAL STREET A AT MEA AAF he	m mid A.th'		

2. The principal office address:\_\_\_\_\_\_\_ FIVE GIRALDA FARMS MADISON NJ 07940

3. The mailing address (if different):

4. Date of incorporation/qualification: 1/15/1917 Document number: 800918

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

1201 HAYS STREET

TALLAHASSEE FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

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Jennifer Shandors, Vice President Printed or lyped fiamle and little

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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

CT Corporation Sys ism. By:

If signing on behalf of an entity:

Rebecca Barth, Assistant Secretary

Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORFORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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