

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 803567

(7)

1. Corporation Name
LP HOLDING CORPORATION



Principal Place of Business

Mailing Address

DROP CODE 1109
INDIANAPOLIS IN 46285
US

LILLY CORPORATE CTR
INDIANAPOLIS IN 46285
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc. Drop Code 1093
22 City & State

26 State, Apt. #, etc.
27 City & State

23 Zip Country

28 Zip Country

24 25 9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified 09/13/1929
3a. Date of Last Report 03/31/1995
4. FEI Number 13-1027923 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0200 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	AS	<input checked="" type="checkbox"/> DELETE
2. NAME	LOOTENS, JAMES B.	
3. STREET ADDRESS	LILLY CORPORATE CENTER	
4. CITY, STATE, ZIP	INDIANAPOLIS IN	
5. TITLE	VPS	<input checked="" type="checkbox"/> DELETE
6. NAME	MILLER, NANCY A	
7. STREET ADDRESS	ONE POST ST	
8. CITY, STATE, ZIP	SAN FRANCISCO CA	
9. TITLE	CEO	<input type="checkbox"/> DELETE
10. NAME	DANIELS, MITCHELL E.	
11. STREET ADDRESS	LILLY CORPORATE CENTER	
12. CITY, STATE, ZIP	INDIANAPOLIS IN	
13. TITLE	VPT	<input type="checkbox"/> DELETE
14. NAME	GARRITY, THOMAS J.	
15. STREET ADDRESS	LILLY CORPORATE CENTER	
16. CITY, STATE, ZIP	INDIANAPOLIS IN	
17. TITLE	VPC	<input type="checkbox"/> DELETE
18. NAME	HUNT, MICHAEL S.	
19. STREET ADDRESS	LILLY CORPORATE CENTER	
20. CITY, STATE, ZIP	INDIANAPOLIS IN	
21. TITLE	S	<input checked="" type="checkbox"/> DELETE
22. NAME	PINKSTON, ARNOLD	
23. STREET ADDRESS	LILLY CORPORATE CENTER	
24. CITY, STATE, ZIP	INDIANAPOLIS IN	

1. TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	James B. Lootens	
3. STREET ADDRESS	Lilly Corporate Center	
4. CITY, STATE, ZIP	Indianapolis, IN 46285	
5. TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	Debra M. Roehrdanz	
7. STREET ADDRESS	Lilly Corporate Center	
8. CITY, STATE, ZIP	Indianapolis, IN 46285	
9. TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	Gayle J. Riedl	
11. STREET ADDRESS	Lilly Corporate Center	
12. CITY, STATE, ZIP	Indianapolis, IN 46285	
13. TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	Thomas C. Schroeder	
15. STREET ADDRESS	Lilly Corporate Center	
16. CITY, STATE, ZIP	Indianapolis, IN 46285	
17. TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18. NAME	Sidney Taurel	
19. STREET ADDRESS	Lilly Corporate Center	
20. CITY, STATE, ZIP	Indianapolis, IN 46285	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, STATE, ZIP		

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the receiver or trustee or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of title or an appointment with an address.

SIGNATURE:

Debra M. Roehrdanz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Debra M. Roehrdanz, Assistant Secretary

CR2E034 (12/95)