

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90461 035 ***150.00



DOCUMENT # 804860		1. Entity Name PHARMACIA CORPORATION	
Principal Place of Business 7000 PORTAGE ROAD KALAMAZOO, MI 49001		Mailing Address 7000 PORTAGE ROAD TAX DEPT. 888-106 KALAMAZOO, MI 49001	
2. Principal Place of Business 235 E. 42nd St. Suite, Apt. #, etc. 26th Floor		3. Mailing Address 235 E. 42nd St. Suite, Apt. #, etc. 26th Floor	
City & State New York, NY		City & State New York, NY	
Zip 10017-5755		Country USA	
4. FEI Number 43-0420020		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO NASSAN, FRED 100 ROUTE 206 NORTH PEAPACK, NJ 07977 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO & President Daniel Heardson 235 E. 42nd St. 26th Floor New York, NY 10017-5755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP THOMPSON, ROBERT G 100 ROUTE 100 206 NORTH PEAPACK, NJ 07977 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Margaret M. Foran 235 E. 42nd St. New York, NY 10017-5755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSEC SCHMITZ, DON 100 ROUTE 206 NORTH PEAPACK, NJ 07977 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Treasurer Kathleen O'Connell 235 E. 42nd St. New York, NY 10017-5755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, GWENDOLYN S 2301 MARKET ST., S13-1 PHILADELPHIA, PA 191018699 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kathleen Ulrich 235 E. 42nd St. New York, NY 10017-5755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS REINSDORF, JUDITH A 100 ROUTE 206 NORTH PEAPACK, NJ 07977 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brian G. Bysala 235 E. 42nd St. New York, NY 10017-5755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, JOHN S. 399 PARK AVENUE - 2ND FLOOR NEW YORK, NY 10043 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George W. Evans 235 E. 42nd St. New York, NY 10017-5755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Margaret M. Foran</u>		Date: <u>4/27/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	