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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 811855 (6)

1. Corporation Name

SMITHKLINE BEECHAM CORPORATION



Principal Place of Business

ONE FRANKLIN PLAZA, FP2335
PHILADELPHIA PA 19102-1223

Mailing Address

ONE FRANKLIN PLAZA, FP2335
PHILADELPHIA PA 19102-1223

3. Date Incorporated or Qualified

04/23/1957

3a. Date of Last Report

05/01/1995

4. FEI Number

23-1099050

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME WALTERS, PETER I.
STREET ADDRESS ONE FRANKLIN PLAZA
CITY-ST-ZIP PHILADELPHIA PA

TITLE PD ☐ DELETE

NAME LESCHLY, JAN
STREET ADDRESS ONE FRANKLIN PLAZA
CITY-ST-ZIP PHILADELPHIA PA

TITLE VS ☒ DELETE

NAME WHITE, ALBERT J.
STREET ADDRESS ONE FRANKLIN PALZA
CITY-ST-ZIP PHILADELPHIA PA

TITLE T ☐ DELETE

NAME CROMTON, STEPHEN T
STREET ADDRESS ONE FRANKLIN PLAZA
CITY-ST-ZIP PHILADELPHIA PA

TITLE VD ☐ DELETE

NAME COLLUM, HUGH R
STREET ADDRESS ONE FRANKLIN PLAZA
CITY-ST-ZIP PHILADELPHIA PA

TITLE AS ☐ DELETE

NAME PARMAN, DONALD F.
STREET ADDRESS ONE FRANKLIN PLAZA
CITY-ST-ZIP PHILADELPHIA PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SECRETARY

14. I do hereby certify that the information supplied with this filing 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald F. Parman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD F. PARMAN 4/15/96 215-751-4000

Date

Daytime Phone

CR2E034 (12/95)