

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 811855**

1. Entity 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**

**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**23-1099050**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(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. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	STOUT, DAVID M
STREET ADDRESS	ONE FRANKLIN PLAZA
CITY-ST-ZIP	PHILADELPHIA, PA 19101
TITLE	P
NAME	VEHBACHER, CHRISTOPHER
STREET ADDRESS	ONE FRANKLIN PLAZA
CITY-ST-ZIP	PHILADELPHIA, PA 19101
TITLE	T
NAME	CHILVER-STAINER, SARAH-JANE
STREET ADDRESS	ONE FRANKLIN PLAZA
CITY-ST-ZIP	PHILADELPHIA, PA 19101
TITLE	AT
NAME	GOSSIN, RICHARD
STREET ADDRESS	ONE FRANKLIN PLAZA
CITY-ST-ZIP	PHILADELPHIA, PA
TITLE	S
NAME	PARMAN, DONALD F.
STREET ADDRESS	ONE FRANKLIN PLAZA
CITY-ST-ZIP	PHILADELPHIA, PA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000098348  
03/29/04-80036-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Richard J. Gossin*  
**Richard J. Gossin**

Date

Daytime Phone #

**215-751-4000**