

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 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**



03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000502007
04/25/06-80082-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	STOUT, DAVID M
STREET ADDRESS	ONE FRANKLIN PLAZA
CITY-ST-ZIP	PHILADELPHIA, PA 19101
TITLE	P
NAME	VIEHBACHER, 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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Donald F. Parman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #