

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90114 041 ***150.00

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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262008

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **C** ☒ Delete
STREET ADDRESS **STOUT, DAVID M**
CITY-ST-ZIP **ONE FRANKLIN PLAZA
PHILADELPHIA, PA 19101**

TITLE **VP** ☐ Change ☒ Addition
NAME **Michael Corrigan**
STREET ADDRESS **One Franklin Plaza**
CITY-ST-ZIP **Philadelphia PA 19101**

TITLE **P** ☐ Delete
NAME **VIEHBACHER, CHRISTOPHER**
STREET ADDRESS **ONE FRANKLIN PLAZA**
CITY-ST-ZIP **PHILADELPHIA, PA 19101**

TITLE **AT** ☐ Change ☒ Addition
NAME **Jan Lyons**
STREET ADDRESS **One Franklin Plaza**
CITY-ST-ZIP **Philadelphia PA 19101**

TITLE **T** ☐ Delete
NAME **KLIJIAN, AUDREY**
STREET ADDRESS **ONE FRANKLIN PLAZA**
CITY-ST-ZIP **PHILADELPHIA, PA 19101**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AT** ☒ Delete
NAME **GOSSIN, RICHARD**
STREET ADDRESS **ONE FRANKLIN PLAZA**
CITY-ST-ZIP **PHILADELPHIA, PA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **PARMAN, DONALD F.**
STREET ADDRESS **ONE FRANKLIN PLAZA**
CITY-ST-ZIP **PHILADELPHIA, PA**

TITLE **S** ☐ Change ☒ Addition
NAME **Carol G. Ashe**
STREET ADDRESS **One Franklin Plaza**
CITY-ST-ZIP **Philadelphia, PA 19101**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Audrey Klijian

Date

4/3/18

Daytime Phone #