

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 11 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 813186 (4)**  
1. Corporation Name  
**PHARMACIA & UPJOHN COMPANY**



Principal Place of Business Mailing Address  
**7000 PORTAGE ROAD  
UNIT 8111-242-52  
KALAMAZOO MI 49001-0102**

3. Date Incorporated or Qualified **11/13/1958** 3a. Date of Last Report **01/24/1996**  
4. FEI Number **38-1123360** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, LEY S.</b>	
STREET ADDRESS	<b>2814 ABERDEEN RD.</b>	
CITY-ST-ZIP	<b>KALAMAZOO MI</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CYRUS, KENNETH M.</b>	
STREET ADDRESS	<b>1401 LAMA ROAD</b>	
CITY-ST-ZIP	<b>KALAMAZOO MI</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ASCHLEMAN, S.J.</b>	
STREET ADDRESS	<b>9811 W "O" AVENUE</b>	
CITY-ST-ZIP	<b>MATTAWAN MI</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOHN L. ZABRISKIE</b>	
STREET ADDRESS	<b>3300 WOODSTONE #303</b>	
CITY-ST-ZIP	<b>KALAMAZOO MI</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>BELL, CHARLES E.</b>	
STREET ADDRESS	<b>6444 EAST "H" AVE.</b>	
CITY-ST-ZIP	<b>KALAMAZOO MI</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>7000 PORTAGE RD.</b>
2.4 CITY-ST-ZIP	<b>KALAMAZOO MI, 49001</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>T</b>
3.3 STREET ADDRESS	<b>KRAMER, R.G.</b>
3.4 CITY-ST-ZIP	<b>6872 OLEANDER LN. PORTAGE MI 49002</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VP</b>
5.3 STREET ADDRESS	<b>#LEAL, F.A.</b>
5.4 CITY-ST-ZIP	<b>4245 SQUIRE HEATH PORTAGE MI, 49002</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>VP</b>
6.3 STREET ADDRESS	<b>DONALD R. PARFET</b>
6.4 CITY-ST-ZIP	<b>4841 RIDGEMOOD DR. RIEHLAND MI, 49083</b>

14. I do 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 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: *R.B. Kramer* **R.B. KRAMER** TREASURER 1/21/97 (616) 933-4821

CR2E034 (9/96)

## P&amp;ULIST

Pharmacia & Upjohn Company  
Corporate Officer List

<u>Office Held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
* Chmn. of the Bd & CEO	John L. Zabriske	N/A	London, England		
* President	Ley S. Smith	2614 Aberdeen Rd.	Kalamazoo	Mi.	49008
Vice President	Robert C. Salisbury	N/A	London, England		
Vice President	Fernando A. Leal	4245 Squire Heath	Portage	Mi.	49002
Vice President	Donald R. Parfet	4841 Ridgewood Dr.	Richland	Mi.	49083
* Vice Pres. & Sec.	Kenneth M. Cyrus	N/A	London, England		
Treasurer	Robert G. Kramer	6872 Oleander Ln.	Portage	Mi.	49002
Asst. Treasurer	George R. McPherson	5327 Foxcroft	Kalamazoo	Mi.	49009
Asst. Secretary	Don. W. Schmitz	N/A	London, England		
Asst. Secretary	Robert J. Meisenhelder	N/A	Kalamazoo	Mi.	49009
Asst. Secretary	Larry Moore	1748 Waite Ave.	Kalamazoo	Mi.	49009

NOTE:

Business address for all above:

7000 Portage Road  
Kalamazoo, Mi. 49001

This is the only available address for those residing in London.

\* Director