


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

FILED

**Mar 31 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 813186 (4)

1. Corporation Name
PHARMACIA & UPJOHN COMPANY



Principal Place of Business 7000 PORTAGE ROAD UNIT 0111-042-52 KALAMAZOO MI 49001-0102	Mailing Address 7000 PORTAGE ROAD UNIT 0111-042-52 8110-243-90 KALAMAZOO MI 49001-0102
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/13/1958

2. Principal Place of Business 21 7000 PORTAGE RD Suite, Apt. #, etc.	2a. Mailing Address 26 7000 PORTAGE RD. Suite, Apt. #, etc.
22 City & State 23 Same	27 City & State 28 Same
24 Zip 25 Same Country	29 Zip 30 Same Country

4. FEI Number
38-1123360

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, LEY S. 2614 ABERDEEN RD. KALAMAZOO MI	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CYRUS, KENNETH M. 7000 PORTAGE RD. KALAMAZOO MI	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y KRAMER, R.G. 6872 OLEANDERLANE PORTAGE MI	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEAL F.A. 4245 SQUARE HEATH PORTAGE MI	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONALD R. PARFET 4841 RIDGEWOOD DR. RICHLAND MI	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PARFET, DONALD R. 4841 RIDGEWOOD DR. RICHLAND MI 49083
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NEISENHOLDER, ROBERT J. 5220 SWALLOW PORTAGE MI 49002
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP JACKSON, JACK J. 8711 SWAN KALAMAZOO MI 49002
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. 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 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.G. Kramer* **R.G. KRAMER / TREAS.** 3/25/98 616/833-7689

CR2E034 (10/97)

PHARMACIA & UPJOHN COMPANY

Officers & Directors

12/31/97

NAME	TITLE	ADDRESS	SOCIAL SECURITY NUMBER
Jack J. Jackson	Vice President & Director	8711 Swan Kalamazoo, MI 49002	248-80-0153
Robert G. Kramer	Treasurer	6872 Oleander Lane Portage, MI 49024	263-31-3656
Fernando A. Leal	Vice President	4245 Squire Heath Kalamazoo, MI 49002	364-94-5221
George R. McPherson	Assistant Secretary	5327 Fox Croft Kalamazoo, MI 49002	370-48-2505
Robert J. Meisenhelder	Vice President, Secretary and Director	5220 Swallow Portage, MI 49002	034-30-1513
Larry Moore	Assistant Secretary	1748 Waite Street Kalamazoo, MI 49008	288-32-4752
Donald R. Parfet	President & Director	4841 Ridgewood Drive Richland, MI 49083	371-46-5243
Robert C. Salisbury	Vice President	67 Alma Road Windsor, Berkshire, SL4 3HD	261-72-7594
Don W. Schmitz	Assistant Secretary	67 Alma Road Windsor, Berkshire, SL4 3HD	222-34-6130
Robert D. Ward	Assistant Treasurer	10411 Lloy Kalamazoo, MI 49004	372-46-7181