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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 813186

(4)

Mailing Address

PHARMACIA & UPJOHN COMPANY

## FILED Mar 31 1998 8:00am Secretary of State

7000 PORTAGE ROAD UNIT-8111-242-52- KALAMAZOO MI 49001-0102			ι	7000 PORTAGE ROAD Unit <del>0111-042-50</del> 8110 - <b>343 - 9</b> 0 Kalamazoo mi 49001-0102					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified								
										3/195	B						
2. Principal Place of Business				2a. Mailing Address					4. FEI Number						olied For		
21 7000 PORTAGE RD			26						38-	11233	<u>160</u>				*	Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc. 27 8/10 - 243 - 90					Certificate of Status Desired								
	City & State 3 Same			City & State			:		Election Campaign Financing     Trust Fund Contribution     Added to Fees								
Zip <b>Sam</b>	٥	Country 25	29	Same	Co 30					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   Yes No							
	9. Name	and Address of Cu	rrent Regio	stered Agent		10. Name and Address of New Registered Agent											
		TION SYSTEM				81	Name	,									
1200 S. PINE ISLAND ROAD					82	Street	eet Address (P.O. Box Number is Not Acceptable)										
H.A	ANTATION	FL 33324				63											
i								_					_			j	
						84	City						F	85	Zip C	ode	
11. Pursuant	to the provis	ions of Sections 607	.0502 and €	607.1508, Florida State	utes, the a	above	-named	d corpora	ation subm	its this	stateme	ent for the	nurnose	of changir	ng its	registered	
Office or re agent. I a	registered ag m familiar w	jent, or both, in the S ith, and accept the o	State of Flori Ibligations o	ida. Such change was If, Section 607.0505, F	authorize Iorida Sta	ed by	the cor	rporation	's board o	f directo	ors. I he	ereby acc	ept the ap	opointmen	tasr	egistered	
SIGNATURE			-														
	Signature, typed	or printed name of registers				ed Age	nt signatur	e required v	when reinstatin				DATE				
12.	PD	OFFICERS	AND DIRE		13.				ADDITIO	ONS/CH	IANGES	S TO OFF	ICERS A	ND DIREC			
TITLE		I EV Q		DELETE	1.1 7			000	ser .					🔀 Char	nge	Addition	
	NAME SMITH, LEY S. 2614 ABERDEEN RD.			1.2 NAM			4000000	PARFET, DONALD R. 4841 RIDGE WOOD DR.									
STREET ADDRESS		ZOO MI					ADDRESS	1 '-'									
CITY-ST-ZIP TITLE	S	200 IM		<b>₩</b> DELETE		OTLE	I - ZIP	17/6	HLAND	<u> </u>	<u>z                                     </u>	770	28.3	Char	1/10	Addition	
NAME	CYRUS, KENNETH M.		DES DECENE	1	2.1 TITLE 2.2 NAME			MEISENHELDER, ROBERT J.									
STREET ADDRESS	TAMA DADTLAR DD				2.3 STREET ADDRESS		Annorce	5226 SWALLOW									
CITY-ST-ZIP		ZOO MI				CITY - S		1	TAGE		-	490	142				
TITLE	7			DELETE	3.1 T		PI - ZH	100	<u> </u>	7-7-2-				Char	nge	Addition	
NAME	KRAMER	R, R.G.		_		AME								_	•	_	
STREET ADDRESS	6872 OL	EANDERLANE					ADORESS									-	
CITY-ST-ZIP	PORTAG	Æ MI				CITY-S											
TITLE	VP			☐ DELETE	411			VP						☐ Chan	ige	Addition	
NAME	LEAL F.	• ••			4. 2	NAME		JACI	KSON,	JACK	J.						
STREET ADDRESS		DUARE HEATH			4.3 9	TREET	address	8711	SWAN	ſ							
CITY-ST-ZIP	PORTAG	E MI			4.4 0	HTY-S	1 - ZIP	KAL	MMAZC	0	MI	4	9002				
TITLE		DOMAID D. DADCET		5.1 T	ITLE								Chan	ge	Addition		
NAME		) R. PARFET			5.2 N	IAME											
STREET ADDRESS		DGEWOOD DR.			5.3 \$	TREET	address										
CITY-ST-ZIP	RICHLAI	NU MI			_	ITY-S	- ZIP	1						7			
TITLE				☐ DELETE	61 T									L Chan	ige	Addition	
NAME						IAME											
STREET ADDRESS							ADDRESS										
CITY-ST-ZIP					6.4 0	ITY-S	- ZIP										

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 suppliemental 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 chapted, or on an attachment with an address.

SIGNATURE: // / Krome

RGKRAMER TREAS

3/25/98 616/883-7689

## 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. Meisenheider	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