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**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90043 048 \*\*\*150.00

05-49961

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 813186**  
 1. Corporation Name  
**PHARMACIA & UPJOHN COMPANY**



Principal Place of Business 7000 PORTAGE RD UNIT 8111-242-52 KALAMAZOO MI 49001-0102 US	Mailing Address 7000 PORTAGE RD 8110 -243-90 KALAMAZOO MI 49001-0102 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>same</i>	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <i>Unit 8111-243-90</i>	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

3. Date Incorporated or Qualified <b>11/13/1958</b>	
4. FEI Number <b>38-1123360</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> 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	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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARFET, DONALD R	1.2 NAME	HASSAN, FRED
STREET ADDRESS	4841 RIDGEWOOD DR	1.3 STREET ADDRESS	95 CORPORATE DR. P.O. BOX 6995
CITY-ST-ZIP	RICHLAND MI 49083	1.4 CITY-ST-ZIP	BRIDGEWATER N.J. 08807-1265
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISENHELDER, ROBERT J	2.2 NAME	SCHMITZ, DON W.
STREET ADDRESS	5220 SWALLOW	2.3 STREET ADDRESS	95 CORPORATE DR. P.O. BOX 6995
CITY-ST-ZIP	PORTAGE MI 49002	2.4 CITY-ST-ZIP	BRIDGEWATER N.J. 08807-1265
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, R.G.	3.2 NAME	VON HORNE, ALEXANDRA
STREET ADDRESS	6872 OLEANDERLANE	3.3 STREET ADDRESS	95 CORPORATE DR. P.O. BOX 6995
CITY-ST-ZIP	PORTAGE MI	3.4 CITY-ST-ZIP	BRIDGEWATER N.J. 08807-1265
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JACK J	4.2 NAME	PARFET, DONALD R.
STREET ADDRESS	8711 SWAN	4.3 STREET ADDRESS	11000 RIDGEWOOD DR.
CITY-ST-ZIP	KALAMAZOO MI 49002	4.4 CITY-ST-ZIP	RICHLAND MI. 49083
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	ASSIST. TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	WARD, ROBERT D.
STREET ADDRESS		5.3 STREET ADDRESS	10411 LLOY
CITY-ST-ZIP		5.4 CITY-ST-ZIP	KALAMAZOO MI 49001
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, with all other like empowered.

SIGNATURE: *Robert D. Ward* **REQUIRED** 4/1/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

PHARMACIA & UPJOHN COMPANY  
Directors and Officers List

300004-90043-48  
813186

Directors:

Fred Hassan  
Christopher J. Coughlin  
Richard T. Collier

Officers:

Fred Hassan	• President and Chief Executive Officer
Göran A. Ando	• Executive Vice President
Christopher J. Coughlin	• Executive Vice President and Chief Financial Officer
Timothy G. Rothwell	• Executive Vice President
Håkan Åström	• Senior Vice President
Richard T. Collier	• Senior Vice President and Assistant Secretary
Carrie Smith Cox	• Senior Vice President
Jack J. Jackson	• Senior Vice President
Paul L. Matson	• Senior Vice President
Donald R. Parfet	• Senior Vice President 11000 RIDGEWOOD DR. RICHLAND, MI 49083
Mats Pettersson	• Senior Vice President
Robert G. Thompson	• Senior Vice President and Controller
Don W. Schmitz	• Vice President and Secretary
Larry Moore	• Assistant Secretary
Robert J. Meisenhelder	• Assistant Secretary 5220 SWALLOW PORTAGE, MI 49002
Fredrik Berg	• Assistant Secretary
Harold A. Elkan	• Assistant Secretary 7000 PORTAGE RD. KALAMAZOO, MI 49001
Alexandra van Horne	• Treasurer
George R. McPherson	• Assistant Treasurer
Robert D. Ward	• Assistant Treasurer 1041 LLOY KALAMAZOO, MI 49004

Effective: 17 August 1998

• BUSINESS ADDRESS -  
PO Box 6995  
95 CORPORATE DRIVE  
BRIDGEWATER, NEW JERSEY 08807-1265