

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 816395 (8)
1. Corporation Name
WARNER-LAMBERT COMPANY

Principal Place of Business Mailing Address
% TAX DEPT.
201 TABOR ROAD
MORRIS PLAINS NJ 07950
% TAX DEPT.
201 TABOR ROAD
MORRIS PLAINS NJ 07950



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1962	
21		26		4. FEI Number 22-1598912	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" 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	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODES, MELVIN R.	1.2 NAME	
STREET ADDRESS	201 TABOR RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MORRIS PLAINS NJ	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVINK, LODEWIJK, JR.	2.2 NAME	
STREET ADDRESS	201 TABOR RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MORRIS PLAINS NJ	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARINI, ERNEST J	3.2 NAME	
STREET ADDRESS	201 TABOR RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MORRIS PLAINS NJ	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVENEY, WILLIAM J.	4.2 NAME	
STREET ADDRESS	201 TABOR RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MORRIS PLAINS NJ	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALTIEL, RAE G.	5.2 NAME	
STREET ADDRESS	201 TABOR RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MORRIS PLAINS NJ	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOSEPH E.	6.2 NAME	
STREET ADDRESS	201 TABOR RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MORRIS PLAINS NJ	6.4 CITY-ST-ZIP	

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: *William J. Caveney* William J. Caveney, Asst. Secretary 973-540-3353

CP2E034 (10/97)