2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #816395

WARNER-LAMBERT COMPANY

Principal Place of Business	Mailing Address				
- TAX DEPT TABOR ROAD	% TAX DEPT. 201 TABOR ROAD				
_ PLAINS NJ 07950	MORRIS PLAINS NJ 07950-26				

FILED Apr 21, 2000 8:00 am Secretary of State

04-21-2000 90137 004 ***150.00



2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address			DO NOT WRITE IN THIS SPACE				
Suite, Apt. #, etc Suite, Apt. #, etc.										
City & State		City & State	City & State			4. FEI Number 22-1598912			pplied For	
						22-13909.12			Not Applicable	
Zip	Country	Zip	Zip Country			Certificate of Status Desired		\$8.75 Ac Fee Requir		
	6. Name and Address of Curren	Registered Agent			7. N	lame and Address of New Ro	gistered	Agent		
				Name		+				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable)						
				City			F	Zip Co	de	
8. The above	e named entity submits this statement f	or the purpose of changing it	s register	ed office or re	egistered age	ent, or both, in the State of Flo	rida.			
SIGNATURE .			<u>-</u>	 			DATE			
	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registere	d Agent signature	required when re	instating)	DATE	****		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F. After MAY 1, 2000 F. Make Check Payable to			:000 Fee	will be \$55	0.00	10. Election Campaign Fin. Trust Fund Contribution			00 May Be ed to Fees	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFI	CERS AN	D DIRECTO	RS IN 11	
TITLE	I CD	Delete	TITLI					Change		
NAME	GOODES, MELVIN R.		NAM	E						
STREET ADDRESS	201 TABOR RD		STRE	ET ADDRESS						
CITY-ST-ZIP	MORRIS PLAINS NJ		CITY	-ST-ZIP						
TITLE	I PD	☐ Delete	TITL	=	CPCEO			XX Change	Addition	
NAME	DEVINK, LODEWIJK, JR.	DCICLE	NAM	1	deVink	kŗrLodewijk, J.R			_	
STREET ADDRESS	201 TABOR RD			ET ADDRESS		abor Rd				
CITY-ST-ZIP	MORRIS PLAINS NJ	•	CITY	-ST-ZIP		s Plains, NJ _				
_	VP	Delete	TITL	-	1101111	<u> </u>		Change	Addition	
TITLE NAME	LARINI, ERNEST J	LT Delete	- E NAM							
STREET ADDRESS	201 TABOR RD			ET ADDRESS						
CITY-ST-ZIP	MORRIS PLAINS NJ			-ST-ZIP						
-	AS		TITU		AS			☐ Change	Addition	
TITLE	CAVENEY, WILLIAM J.	☐XI Delete	NAM		and the second second	n T. DiCerbo		Critainge	LA Madrie	
NAME STREET ADDRESS	201 TABOR RD			ET ADDRESS						
CITY-ST-ZIP	MORRIS PLAINS NJ			-ST-ZIP		abor Rd				
	S S				<u> Morris</u>	Plains, NJ		☐ Change	☐ Addition	
TITLE	PALTIEL, RAE G.	☐ Delete	TITL					□ Outlinge		
NAME STREET ADDRESS	201 TABOR RD			ET ADDRESS						
CITY-ST-ZIP	1			-ST-ZIP						
	MORRIS PLAINS NJ							Change	Addition	
TITLE	V MODEON & MODEON	☐ Delete	TITU NAM					<u> — упапде</u>	☐ ¥aaaaa	
NAME	MORTON, S. MORGAN			ET ADDRESS						
STREET ADDRESS	201 TABOR RD			- ST-ZIP						
CITY-ST-ZIP	MORRIS PLAINS N.I		E VIII	91"ZII						

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martjin引起[DiCerbo, Asst. Secretary**APR**

Daytime Phone #