

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB - 6 PM 4:02

DOCUMENT # 822093 (1)

1. Corporation Name
MEAD JOHNSON & COMPANY

Principal Place of Business
**TAX DEPT. 10TH FLOOR
P O BOX #225 FDR STATION
NEW YORK NY 10150-7102**

Mailing Address
**TAX DEPT. 10TH FLOOR
P O BOX #225 FDR STATION
NEW YORK NY 10150-7102**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1968	3a. Date of Last Report 03/02/1994
21		26		4. FEI Number 35-1140948	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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (Signature, typed or printed name of registered agent and the date) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME JOHNSON, E. LYNN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2400 W LLOYD EXPRESSWAY	CITY-ST-ZIP EVANSVILLE IN	1.2 NAME	
TITLE S	NAME KASA, P-D	1.3 STREET ADDRESS	
STREET ADDRESS 345 PARK AVE.	CITY-ST-ZIP NEW YORK, NY 00000	1.4 CITY-ST-ZIP	
TITLE FD	NAME SPEAKER, MARK D.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2400 LLOYD EXPRESSWAY	CITY-ST-ZIP EVANSVILLE, IN 00000	2.2 NAME	
TITLE VP	NAME HARRIS, DONALD G.	2.3 STREET ADDRESS	
STREET ADDRESS 345 PARK AVENUE	CITY-ST-ZIP NEW YORK, NY	2.4 CITY-ST-ZIP	
TITLE T	NAME BAINS, HARRISON M. JR.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 345 PARK AVENUE	CITY-ST-ZIP NEW YORK NY	3.2 NAME	
TITLE D	NAME WHITE, CHRISTOPHER	3.3 STREET ADDRESS	
STREET ADDRESS 2400 W LLOYD EXPRESSWAY	CITY-ST-ZIP EVANSVILLE IN	3.4 CITY-ST-ZIP	
TITLE VP	NAME HARRIS, DONALD G.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 345 PARK AVENUE	CITY-ST-ZIP NEW YORK, NY	4.2 NAME	
TITLE VP	NAME MEZZAPELLE, DOMINIC	4.3 STREET ADDRESS	
STREET ADDRESS 345 PARK AVENUE	CITY-ST-ZIP NEW YORK, NY 10154	4.4 CITY-ST-ZIP	
TITLE T	NAME BAINS, HARRISON M. JR.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 345 PARK AVENUE	CITY-ST-ZIP NEW YORK NY	5.2 NAME	
TITLE D	NAME WHITE, CHRISTOPHER	5.3 STREET ADDRESS	
STREET ADDRESS 2400 W LLOYD EXPRESSWAY	CITY-ST-ZIP EVANSVILLE IN	5.4 CITY-ST-ZIP	
TITLE D	NAME WHITE, CHRISTOPHER	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2400 W LLOYD EXPRESSWAY	CITY-ST-ZIP EVANSVILLE IN	6.2 NAME	
TITLE D	NAME WHITE, CHRISTOPHER	6.3 STREET ADDRESS	
STREET ADDRESS 2400 W LLOYD EXPRESSWAY	CITY-ST-ZIP EVANSVILLE IN	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alice C. Brennan Alice C. Brennan 1/20/95
Signature and typed or printed name of signing officer or director Date