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FILED  
Jan 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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 10150-7154  
Mailing Address: TAX DEPT. 10TH FLOOR, P O BOX #225 FDR STATION, NEW YORK NY 10150-0225

TAX DEPARTMENT - 3rd FLOOR  
345 PARK AVENUE  
NEW YORK, NEW YORK 10154

3. Date Incorporated or Qualified: 11/19/1968  
3a. Date of Last Report: 02/06/1996  
4. FEI Number: 35-1140848  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business Address

21. Suite, Apt. #, etc.:  
22. City & State:  
23. Zip: Country:  
24. Zip: Country:

10. Name and Address of New Registered Agent  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83. City:  
84. City: FL 85. Zip Code:

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DOLAN, PETER R.	
STREET ADDRESS	2400 W LLOYD EXPRESSWAY	
CITY - ST - ZIP	EVANSVILLE IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALSMAN, RANDALL K.	
STREET ADDRESS	2400 W LLOYD EXPRESSWAY	
CITY - ST - ZIP	EVANSVILLE IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVIN, LAWRENCE A.	
STREET ADDRESS	2400 W LLOYD EXPRESSWAY	
CITY - ST - ZIP	EVANSVILLE, IN 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MEZZAPELLE, DOMINIC	
STREET ADDRESS	345 PARK AVENUE	
CITY - ST - ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BAINS, HARRISON M. JR.	
STREET ADDRESS	345 PARK AVENUE	
CITY - ST - ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WHITE, CHRISTOPHER	
STREET ADDRESS	2400 W LLOYD EXPRESSWAY	
CITY - ST - ZIP	EVANSVILLE IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: Alice C. Brennan Alice C. Brennan 1/10/97 212-546-4714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #  
0005708

CR2E034 (9/96)