


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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90096 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 822093

1. Corporation Name
MEAD JOHNSON & COMPANY

Principal Place of Business TAX DEPT - 3RD FLOOR 345 PARK AVE NEW YORK NY 10154 US	Mailing Address TAX DEPT - 3RD FLOOR 345 PARK AVE NEW YORK NY 10154 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29
Country 25	Country 30

3. Date Incorporated or Qualified 11/19/1968	Applied For Not Applicable
4. FEI Number 35-1140848	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" 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 checked="" 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 checked="" 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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WHITE, CHRISTOPHER S.
1.3 STREET ADDRESS	2400 W. LLOYD EXPRESSWAY
1.4 CITY-ST-ZIP	EVANSVILLE, IN 47721
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	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CHESNOFF, STEPHEN
4.3 STREET ADDRESS	345 PARK AVENUE
4.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10154
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	VP. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SPEAKER, MARK D.
6.3 STREET ADDRESS	2400 W. LLOYD EXPRESSWAY
6.4 CITY-ST-ZIP	EVANSVILLE, IN 47721

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: *[Signature]* **SIGNATURE REQUIRED** Alice C. Brennan
 SECRETARY

JAN 28 1999

CR2E034 (1/198)