


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90030 034 ***150.00


DOCUMENT # 822093
 1. Entity Name
MEAD JOHNSON & COMPANY



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

50059117

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country


 07132005 Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
35-1140848 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!!-FEE IS \$150.00
Due by September 7, 2005


9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECKER, PATRICK 2400 W. LLOYD EXPRESSWAY EVANSVILLE, IN 47721 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALSMAN, RANDALL K. 2400 W LLOYD EXPRESSWAY EVANSVILLE, IN <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BARRINGER, STANLEY P 2400 W LLOYD EXPRESSWAY EVANSVILLE, IN 47721 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP URBAIN, CHARLES 345 PARK AVENUE NEW YORK, NY 10154 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAINS, HARRISON M. JR. 345 PARK AVENUE NEW YORK, NY <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEUNG, SANDRA 345 PARK AVENUE NEW YORK, NY 10154 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Stephen W. Golsby 2400 W. Lloyd Expressway Evansville, IN 47721 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David J. Marlow 2400 W. Lloyd Expressway Evansville, IN 47721 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Stephen W. Golsby 2400 W. Lloyd Expressway Evansville, IN 47721 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President David T. Bonk Rte. 206 & Province Line Rd. Princeton, NJ 08543 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Edward M. Dwyer 345 Park Avenue New York, NY 10154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SANDRA LEUNG** **SECRETARY** 7/27/05 212 544-4132
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #