


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 822093**  
 1. Entity Name  
**MEAD JOHNSON & COMPANY**



Principal Place of Business 2400 WEST LLOYD EXPRESSWAY EVANSVILLE, IN 47721 US	Mailing Address TAX DEPT - 3RD FLOOR 345 PARK AVE NEW YORK, NY 10154 US
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**DO NOT WRITE IN THIS SPACE**



08162007 No Chg-P CR2E034 (11/05)

4. FEI Number 35-1140848	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

**DO NOT WRITE IN THIS SPACE**

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 14, 2007**

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 GOLSBY, STEPHEN W 2400 W LLOYD EXPRESSWAY EVANSVILLE, IN 47721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POOL, WILLIAM P 2400 WEST LLOYD EXPRESSWAY EVANSVILLE, IN 47721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLSBY, STEPHEN W 2400 W LLOYD EXPRESSWAY EVANSVILLE, IN 47721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BONK, DAVID T RTE. 206 & PROVINCE LINE RD PRINCETON, NJ 08543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DWYER, EDWARD M RTE 206 & PROVINCE LINE RD PRINCETON, NJ 08543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEUNG, SANDRA 345 PARK AVENUE NEW YORK, NY 10154

00000773648  
 09/11/07-80001-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **9/14/07** **212-546-4065**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #