

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 21 1996 8:00 am
Secretary of State

DOCUMENT # **826796** (5)

1. Corporation Name
ZENECA INC.

Principal Place of Business

ATTN: SECRETARY'S DEPT.
1800 CONCORD PIKE
WILMINGTON DE 19897
US

Mailing Address

P.O. BOX 15438
SECRETARY'S DEPARTMENT
WILMINGTON DE 19850-5438
US



2. Principal Place of Business

2a. Mailing Address

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

26 Subt. Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified
09/22/1971

3a. Date of Last Report
04/18/1995

4. FEI Number
51-0112320

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

Signature of the officer or director of the corporation

Signature of the Agent for the corporation

Date

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	CD		
NAME	WILLARD, A. K		
STREET ADDRESS	1800 CONCORD PIKE		
CITY-STATE-ZIP	WILMINGTON DE		
TITLE	VGSD		
NAME	ENGELMANN, GLENN M		
STREET ADDRESS	1800 CONCORD PIKE		
CITY-STATE-ZIP	WILMINGTON DE		
TITLE	VD		
NAME	BLACK, ROBERT C.		
STREET ADDRESS	1800 CONCORD PIKE		
CITY-STATE-ZIP	WILMINGTON DE		
TITLE	VD		
NAME	KENNEDY, ROBERT T		
STREET ADDRESS	1800 CONCORD PIKE		
CITY-STATE-ZIP	WILMINGTON DE		
TITLE	VD		
NAME	WOODS, R.A.		
STREET ADDRESS	1800 CONCORD PIKE		
CITY-STATE-ZIP	WILMINGTON DE		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-STATE-ZIP			
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY-STATE-ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-STATE-ZIP			
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY-STATE-ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-STATE-ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY-STATE-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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/13/96 (302) 886-3091

Date of Filing Day of Filing

CR2E034 (12/95)