

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
Feb 12 1997 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 19837
US

Mailing Address
P.O. BOX 15436
SECRETARY'S DEPARTMENT
WILMINGTON DE 19850-5436
US

3. Date Incorporated or Qualified 09/22/1971
3a. Date of Last Report 03/21/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 51-0112320
Applied For Not Applicable

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

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

23 Zip 19850 Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

| | |
|---------------------|--|
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Robert T. Kennedy |
| 4.3 STREET ADDRESS | 1800 Concord Pike |
| 4.4 CITY - ST - ZIP | Wilmington, DE 19850 |
| 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: *ANN V. BOOTH-BARBARIN* ANN V. BOOTH-BARBARIN, Assistant Secretary
01/21/97 302-886-3091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)