

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90022 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 826796

1. Corporation Name
ZENECA INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 ATTN: SECRETARY'S DEPT.
 1800 CONCORD PIKE
 WILMINGTON DE 19850
 US

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

3. Date Incorporated or Qualified

09/22/1971

4. FEI Number

51-0112320

Applied For
 Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State -

27 City & State -

24 Zip Country

29 Zip Country

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

Signature, typed or printed name of registered agent and title if applicable.

(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, KEITH A	
STREET ADDRESS	1800 CONCORD PIKE	
CITY-ST-ZIP	WILMINGTON DE 19850	
TITLE	VGSD	<input type="checkbox"/> DELETE
NAME	ENGELMANN, GLENN M	
STREET ADDRESS	1800 CONCORD PIKE	
CITY-ST-ZIP	WILMINGTON DE 19850	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLACK, ROBERT C.	
STREET ADDRESS	1800 CONCORD PIKE	
CITY-ST-ZIP	WILMINGTON DE 19850	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	KENNEDY, ROBERT T	
STREET ADDRESS	1800 CONCORD PIKE	
CITY-ST-ZIP	WILMINGTON DE 19850	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOODS, R.A.	
STREET ADDRESS	1800 CONCORD PIKE	
CITY-ST-ZIP	WILMINGTON DE 19850	
TITLE		<input type="checkbox"/> DELETE

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	A. KEITH WILLARD
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
6.2 NAME	VD JOHN G. GODDARD
6.3 STREET ADDRESS	1800 CONCORD PIKE
6.4 CITY-ST-ZIP	WILMINGTON DE 19850

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbarin; Asst. Secretary

Date 03/25/99

Daytime Phone # 302-886-3091

CR2E034 (1/98)

ZENECA, INC.

B26796
267944 90022 27

AS OF 01/11/99

DIRECTORS

<u>Name</u>	<u>Address</u>
A. Keith Willard	1800 Concord Pike Wilmington, DE 19850-5438
Robert C. Black	1800 Concord Pike Wilmington, DE 19850-5438
Glenn M. Engelmann	1800 Concord Pike Wilmington, DE 19850-5438
John G. Goddard	1800 Concord Pike Wilmington, DE 19850-5438
Robert A. Woods	1800 Concord Pike Wilmington, DE 19850-5438

OFFICERS

<u>Title</u>	<u>Name</u>	<u>Address</u>
Chairman	A. Keith Willard	1800 Concord Pike Wilmington, DE 19850-5438
Vice President, Pharmaceuticals	Robert C. Black	1800 Concord Pike Wilmington, DE 19850-5438
Vice President, General Counsel & Secretary	Glenn M. Engelmann	1800 Concord Pike Wilmington, DE 19850-5438
Vice President, Finance, Chief Financial Officer	John G. Goddard	1800 Concord Pike Wilmington, DE 19850-5438
Vice President, Agricultural Products	Robert A. Woods	1800 Concord Pike Wilmington, DE 19850-5438
Treasurer	Gregory A. Davies	1800 Concord Pike Wilmington, DE 19850-5438
Assistant Secretary	Ann V. Booth-Barbarin	1800 Concord Pike Wilmington, DE 19850-5438
Assistant Secretary	Gary J. Marini	1800 Concord Pike Wilmington, DE 19850-5438
Assistant Secretary	W. Charles Lucas	1800 Concord Pike Wilmington, DE 19850-5438
Assistant Treasurer	John P. Brazzo	1800 Concord Pike Wilmington, DE 19850-5438
Controller	James G. Reid	1800 Concord Pike Wilmington, DE 19850-5438