


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 826796
 1. Entity Name
 ZENECA INC.



Principal Place of Business Mailing Address
 ATTN: LEGAL DEPT, FOP-3 P.O. BOX 15438
 1800 CONCORD PIKE LEGAL DEPT, FOP-3
 WILMINGTON, DE 19850 US WILMINGTON, DE 19850-5438 US



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 51-0112320 Not Applicable

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

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VGSD ENGELMANN, GLENN M 1800 CONCORD PIKE WILMINGTON, DE 19850
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T DAVIES, GREGORY A 1800 CONCORD PIKE WILMINGTON, DE 19850
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD GODDARD, JOHN G 1800 CONCORD PIKE WILMINGTON, DE 19850
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CD SYMONDS, JON R 1800 CONCORD PIKE WILMINGTON, DE 19850
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AS BOOTH-BARBARIN, ANN V 1800 CONCORD PIKE WILMINGTON, DE 19850
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

1100000145776
 05/03/04-800340-004 150.00

DO NOT WRITE IN THIS SPACE

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:  Gary J. Marini 04/27/04 Assistant Secty. (302)886-3731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #