

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90040 021 ***150.00

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DOCUMENT # 842478 1. Entity Name BAXTER EXPORT CORPORATION					
Principal Place of Business % TAX DEPT., ONE BAXTER PKWY P.O. BOX 703 DEERFIELD, IL 60015-0703			Mailing Address % TAX DEPT., ONE BAXTER PKWY P.O. BOX 703 DEERFIELD, IL 60015-0703		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 36-2605679	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRAEMER, HARRY M JR ONE BAXTER PKWY DEERFIELD, IL 60015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CARLOS DAL SALTO 2415 SEA ISLAND DR FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REED, J S ONE BAXTER PKWY DEERFIELD, IL 60015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/D MARLA S. PERSKY ONE BAXTER PARKWAY DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT THURMAN, CHARLES W. ONE BAXTER PKWY DEERFIELD, IL 60015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LYKKE, NMATTHEW ONE BAXTER PKWY DEERFIELD, IL 60015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABATINO, JR T J ONE BAXTER PKWY DEERFIELD, IL 60015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN J. GREISCH ONE BAXTER PARKWAY DEERFIELD, IL 60015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEYER, S J ONE BAXTER PKWY DEERFIELD, IL 60015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERT M. DAVIS ONE BAXTER PARKWAY DEERFIELD, IL 60015
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:			4/1/05 MATTHEW A. LYKKEN ASST TREASURER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		