

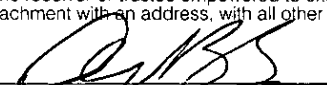
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90008 014 ***150.00

A0064186

DO NOT WRITE IN THIS SPACE

DOCUMENT # F00000001250				1. Entity Name ASTRAZENECA AB	
Principal Place of Business S-151 85 Sodertalje, Sweden		Mailing Address S-151 85 Sodertalje, Sweden			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 98-0192371	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT Corporation System 1200 South Oine Island Road Plantation, FL 33324			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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001, Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Thomas F. W. McKillop	NAME			
STREET ADDRESS	15 Stanhope Gate	STREET ADDRESS			
CITY-ST-ZIP	London, W16 6LN, ENGLAND	CITY-ST-ZIP			
TITLE	PCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Per From	NAME			
STREET ADDRESS	S-151	STREET ADDRESS			
CITY-ST-ZIP	85 Sodertalje, Sweden	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Goran Lerenius	NAME			
STREET ADDRESS	15 Stanhope Gate	STREET ADDRESS			
CITY-ST-ZIP	London, W16 6LN, ENGLAND	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Claes-Erik Wilhelmsson	NAME			
STREET ADDRESS	S-151	STREET ADDRESS			
CITY-ST-ZIP	85 Sodertalje, Sweden	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Pia Carina Sorensen	NAME			
STREET ADDRESS	S-151	STREET ADDRESS			
CITY-ST-ZIP	85 Sodertalje, Sweden	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Marcus Wallenberg	NAME			
STREET ADDRESS	Arsenalgatan 8 C	STREET ADDRESS			
CITY-ST-ZIP	103 22 Stockholm, Sweden	CITY-ST-ZIP			
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Ann V. Booth-Barbarin,		April 20, 2001 302-886-3091	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Attorney-in-Fact		Date Daytime Phone #	

CR2E034 (11/00)