


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # F00000001250</b> 1. Entity Name ASTRAZENECA AB	
--	---

Principal Place of Business S-151 85 SODERTALJE, SWEDEN,	Mailing Address S-151 85 SODERTALJE, SWEDEN,
--	--

**DO NOT WRITE IN THIS SPACE**



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 98-0192371	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
--	-----------------------------------

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 registering) \_\_\_\_\_ DATE \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MCKILLOP, THOMAS F.W. 15 STANHOPE GATE LONDON, W16 6LN, ENGLAND,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO FROM, PER S-151 85 SODERTALJE SWEDEN,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHANSSON, JOHN POLAND S-151 87 LUND, SWEDEN,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SYMONDS, JONATHAN 15 STANHOPE GATE LONDON, W16 6LN, ENGLAND,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHANSSON, STIG-OVE M S-151 85 SODERTALJE SWEDEN,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICKLASSON, MARTIN PEPPASLEDEN 1 103 22 STOCKHOLM, SWEDEN,

**DO NOT WRITE IN THIS SPACE**

000000145782  
US/03/04-80040-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Ann V. Booth-Barbarin**  
Attorney-in-Fact 4/28/04 (302) 886-3091