2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0000001250

Entity Name: ASTRAZENECA AB

FILED Jan 16, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
S-151 85 SODERTAL	JE, XX XXXXX	SW			
Current Mailing Address:			New Maili	New Mailing Address:	
S-151 85 SODERTAL	JE, XX XXXXX	SW			
FEI Number: 98-0192371 FEI Number Applied For () FEI Num		FEI Number Not Appli	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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:					
Electronic Signature of Registered Agent				Date	
Election Cam	paign Financing Tru	st Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CD () Dele BRENNAN, DAVID F 15 STANHOPE GAT LONDON, W1K 1LN		Title: Name: Address: City-St-Zip:	C/D (X) Change () Addition BRENNAN, DAVID R 15 STANHOPE GATE LONDON, W1K 1LN, ENGLAND, XX XXXXX EN	
Title: Name: Address: City-St-Zip:	D () Dele NICKLASSON, MAR S-431 83 MOLNDAL, SWEDE	TIN	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition NICKLASSON, MARTIN S-431 83 MOLNDAL, SWEDEN, XX XXXXX SW	
Title: Name: Address: City-St-Zip:	D () Dele KVARNSTROM, ANN S-151 85 SODERTALJE, SWE		Title: Name: Address: City-St-Zip:	CFO (X) Change () Addition JACKE ANDERS, JAN-OLOF S-151 85 SODERTALJE, SWEDEN, XX XXXXX SW	
Title: Name: Address: City-St-Zip:	D () Dele LARSSON, CLAES A S-151 85 SODERTALJE, SWE		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () Dele LINDE, JOHANNES S-151 85 SODERTALJE SWE	ete DEN, XX XXXXX SW	Title: Name: Address: City-St-Zip:	S (X) Change () Addition BUREN, ANDERS S-151 85 SODERTALJE SWEDEN, XX XXXXX SW	
Title: Name: Address: City-St-Zip:	D () Dele PERSSON, MARIA S-221 87 LUND, SWEDEN, X		Title: Name: Address: City-St-Zip:	()Change ()Addition	
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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					

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDERS BUREN

Date

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01/16/2008