

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 APR 30 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004385

1. Entity Name

ASTRAZENECA HEALTHCARE FOUNDATION CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1800 Concord Pike

3. Mailing Address

1800 Concord Pike

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wilmington, DE

City & State

Wilmington, DE

Zip

19850

Country

USA

Zip

19850

Country

USA

4. FEI Number

51-0349682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

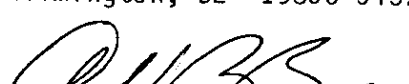
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PCD
Alan J. Milbauer
1800 Concord Pike
Wilmington, DE 19850-5437

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VTD
Robert A. Rausch
1800 Concord Pike
Wilmington, DE 19850-5437

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
Ann V. Booth-Barbarin
1800 Concord Pike
Wilmington, DE 19850-5437

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ASST. SECRETARY
Carolyn H. Micolucci
1800 Concord Pike
Wilmington, DE 19850-5437

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
Kathleen Y. Dougherty
1800 Concord Pike
Wilmington, DE 19850-5437

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CITY- ST- ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

(302) 886-3091

Daytime Phone #

Ann V. Booth-Barbarin, Assistant Secretary

CR2E037B (1/00)