

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000004385

1. Entity Name  
ASTRAZENECA HEALTHCARE FOUNDATION  
CORPORATION



Principal Place of Business  
1800 CONCORD PIKE  
WILMINGTON, DE 19850-5437

Mailing Address  
1800 CONCORD PIKE  
WILMINGTON, DE 19850-5437



04272004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0349682

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required after recording) DATE

**Filing Fee Is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

000000146169  
05/03/04 08055-007 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	PCD
NAME	MILBAUER, ALAN J
STREET ADDRESS	1800 CONCORD PIKE
CITY-ST-ZIP	WILMINGTON, DE 198505437
TITLE	VTD
NAME	DAVIES, GREGORY A
STREET ADDRESS	1800 CONCORD PIKE
CITY-ST-ZIP	WILMINGTON, DE 198505437
TITLE	S
NAME	BOOTH-BARBARIN, ANN V
STREET ADDRESS	1800 CONCORD PIKE
CITY-ST-ZIP	WILMINGTON, DE 198505437
TITLE	AS
NAME	MICOLUCCI, CAROLYN H
STREET ADDRESS	1800 CONCORD PIKE
CITY-ST-ZIP	WILMINGTON, DE 198505437
TITLE	D
NAME	MONDAY, KATHY
STREET ADDRESS	1800 CONCORD PIKE
CITY-ST-ZIP	WILMINGTON, DE 198505437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary J. Marini 04/27/04 Assistant Secty. (302)886-3731

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone