

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 28, 2009
Secretary of State**

DOCUMENT# F00000004385

Entity Name: ASTRAZENECA HEALTHCARE FOUNDATION CORPORATION

Current Principal Place of Business:

1800 CONCORD PIKE
ANN V. BOOTH-BARBARIN, LEGAL DEPARTMENT
WILMINGTON, DE 19803

New Principal Place of Business:

Current Mailing Address:

1800 CONCORD PIKE
ANN V. BOOTH-BARBARIN, LEGAL DEPARTMENT
WILMINGTON, DE 19803

New Mailing Address:

FEI Number: 51-0349682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: NICOLI, DAVID P
Address: 1800 CONCORD PIKE
City-St-Zip: WILMINGTON, DE 19803

Title: S/D () Delete
Name: BOOTH-BARBARIN, ANN V
Address: 1800 CONCORD PIKE
City-St-Zip: WILMINGTON, DE 19803

Title: D () Delete
Name: PERKINS, ROBERT
Address: 1800 CONCORD PIKE
City-St-Zip: WILMINGTON, DE 19803

Title: AT/D () Delete
Name: SPRAGINS, SAMUEL H
Address: 1800 CONCORD PIKE
City-St-Zip: WILMINGTON, DE 19803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT/D (X) Change () Addition
Name: PINAMONT, BERNADETTE J
Address: 1800 CONCORD PIKE
City-St-Zip: WILMINGTON, DE 19803

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

SIGNATURE: ANN V. BOOTH-BARBARIN

SEC

01/28/2009

Electronic Signature of Signing Officer or Director

Date