2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# F00000004385

Entity Name: ASTRAZENECA HEALTHCARE FOUNDATION CORPORATION

Current Principal Place of Business:

1800 CONCORD PIKE
BARBARA J. STEEN, LEGAL DEPARTMENT
WILMINGTON, DE 19803

New Principal Place of Business:

Current Mailing Address:

1800 CONCORD PIKE
BARBARA J. STEEN, 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: PC/D
Name: NICOLI, DAVID P
Address: 1800 CONCORD PIKE
City-St-Zip: WILMINGTON, DE 19803

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

Title: D/C
Name: BLASETTO, JAMES W
Address: 1800 CONCORD PIKE
City-St-Zip: WILMINGTON, DE 19803

Title: T
Name: WHITE, DAVID E
Address: 1800 CONCORD PIKE
City-St-Zip: WILMINGTON, DE 19803

Title: S
Name: BOOTH-BARBARIN, ANN
Address: 1800 CONCORD PIKE
City-St-Zip: WILMINGTON, DE 19803

I hereby 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 all other like empowered.

SIGNATURE: DAVID P NICOLI P 05/01/2012

Electronic Signature of Signing Officer or Director — Date