

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90037 009 ***150.00

DOCUMENT # F00000005593

1. Entity Name

ASTRAZENECA LATIN AMERICA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1800 Concord Pike

Suite, Apt. #, etc.

3. Mailing Address

1800 Concord Pike

Suite, Apt. #, etc.

Legal Department

City & State

Wilmington, DE

City & State

Wilmington, DE

4. FEI Number

51-0390329

Applied For

Not Applicable

Zip

19850

Country

USA

Zip

19850

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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 resigning)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME Urban Skog
STREET ADDRESS 5201 Blue Lagoon Drive, Suite 861
CITY - ST - ZIP Miami, FL 33126

TITLE VD
NAME Per Larsson
STREET ADDRESS S-151
CITY - ST - ZIP 85 Sodertalje, Sweden

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

TITLE VT
NAME Gregory A. Davies
STREET ADDRESS 1800 Concord Pike
CITY - ST - ZIP Wilmington, DE 19850-5437

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

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 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

CR2E034B (12/01)