

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91513 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000005593

1. Entity Name
ASTRAZENECA LATIN AMERICA, INC.



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

Mailing Address
**1800 CONCORD PIKE
WILMINGTON, DE 19850-5437**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
51-0390329

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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 when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SKOG, URBAN
STREET ADDRESS 6201 BLUE LAGOON DRIVE STE 861
CITY-ST-ZIP MIAMI, FL 33126

TITLE VTD ☐ Delete
NAME LARSSON, PER
STREET ADDRESS S-151
CITY-ST-ZIP 86 SODERTALJE, SWEDEN,

TITLE D ☐ Delete
NAME DOUGHERTY, KATHLEEN Y
STREET ADDRESS 1800 CONCORD PIKE
CITY-ST-ZIP WILMINGTON, DE 198505437

TITLE VT ☐ Delete
NAME DAVIES, GREGORY A
STREET ADDRESS 1800 CONCORD PIKE
CITY-ST-ZIP WILMINGTON, DE 198505437

TITLE SD ☐ Delete
NAME BOOTH-BARBARIN, ANN V
STREET ADDRESS 1800 CONCORD PIKE
CITY-ST-ZIP WILMINGTON, DE 198505437

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 (302) 886-3091

Date

Daytime Phone #

Ann V. Booth-Barbarin, Assistant Secretary

CR2E034 (10/02)