


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

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| DOCUMENT # F02000006410 |  |
| 1. Entity Name WYETH, INC. | |

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| Principal Place of Business FIVE GIRALDA FARMS MADISON, NJ 07940 | Mailing Address FIVE GIRALDA FARMS MADISON, NJ 07940 |
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06302004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 13-2526821 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO ESSNER, ROBERT FIVE GIRALDA FARMS MADISON, NJ 07940 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP MARTIN, KENNETH J FIVE GIRALDA FARMS MADISON, NJ 07940 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT O'CONNOR, JACK M FIVE GIRALDA FARMS MADISON, NJ 07940 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WOLD, MARY K FIVE GIRALDA FARMS MADISON, NJ 07940 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LACH, EILEEN M FIVE GIRALDA FARMS MADISON, NJ 07940 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AVP WALSH, RICHARD J FIVE GIRALDA FARMS MADISON, NJ 07940 |

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07/12/04-80011-018 150.00

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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 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.

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|--|---|--------------------|-------------------------------------|
| SIGNATURE:  | J. M. O'Connor, VP & Treasurer | Date 7/7/04 | Daytime Phone # 973-660-5000 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |