FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

MAY -1 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002958 (7)**

1. Corporate Name
GLAXO INC.

Principal Place of Business
FIVE MOORE DRIVE
RESEARCH TRIANGLE PARK NC 27709
Attn: Tax Dept.

Mailing Address
FIVE MOORE DRIVE
RESEARCH TRIANGLE PARK NC 27709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/25/1993	05/01/1994

21	2. Principal Place of Business	26	2a. Mailing Address	4. FEI Number: 58-1318487	Applied For / Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24	Zip	25	County	29 Zip	30 County

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.0502 and/or 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	CD	01 TITLE	☒ Change ☐ Addition
02 NAME	SANDERS, CHARLES	02 NAME	See Attached
03 STREET ADDRESS	FIVE MOORE DRIVE	03 STREET ADDRESS	
04 CITY-ST/ZIP	RESEARCH TRIANGLE PARK NC 27709	04 CITY-ST/ZIP	
05 TITLE	V	05 TITLE	☐ Change ☐ Addition
06 NAME	MORROW, GEORGE J	06 NAME	
07 STREET ADDRESS	5 MOORE DR	07 STREET ADDRESS	
08 CITY-ST/ZIP	RESEARCH TRIANGLE PARK NC	08 CITY-ST/ZIP	
09 TITLE	P	09 TITLE	☐ Change ☐ Addition
10 NAME	INGRAM, ROBERT A	10 NAME	
11 STREET ADDRESS	FIVE MOORE DRIVE	11 STREET ADDRESS	
12 CITY-ST/ZIP	RESEARCH TRIANGLE PARK NC	12 CITY-ST/ZIP	
13 TITLE	V	13 TITLE	☐ Change ☐ Addition
14 NAME	DISBROW, CLIFFORD H	14 NAME	
15 STREET ADDRESS	FIVE MOORE DRIVE	15 STREET ADDRESS	
16 CITY-ST/ZIP	RESEARCH TRIANGLE PARK NC 27709	16 CITY-ST/ZIP	
17 TITLE	VCFO	17 TITLE	☐ Change ☐ Addition
18 NAME	HABER, THOMAS R	18 NAME	
19 STREET ADDRESS	FIVE MOORE DRIVE	19 STREET ADDRESS	
20 CITY-ST/ZIP	RESEARCH TRIANGLE PARK NC 27709	20 CITY-ST/ZIP	
21 TITLE	V	21 TITLE	☐ Change ☐ Addition
22 NAME	ABERCROMBIE, GEORGE B	22 NAME	
23 STREET ADDRESS	FIVE MOORE DRIVE	23 STREET ADDRESS	
24 CITY-ST/ZIP	RESEARCH TRIANGLE PARK NC	24 CITY-ST/ZIP	

14. I do hereby certify that the information supplied with this filing is complete, accurate and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Richard J. Gossin 4/27/95 (919)248-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0480338 FN