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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000003581 (5)

1. Corporation Name
PHARMACIA BIOTECH, INC.

Principal Place of Business
800 CENTENNIAL AVENUE
PISCATAWAY NJ 08855

Mailing Address
800 CENTENNIAL AVENUE
PISCATAWAY NJ 08854-3911



3. Date Incorporated or Qualified
07/08/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
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 Sections 607.0502 and 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE
NAME	WOEHLER, MICHAEL E	
STREET ADDRESS	800 CENTENNIAL AVENUE	
CITY - ST - ZIP	PISCATAWAY NJ	
TITLE	VTAS	DELETE
NAME	KOVAL, JAMES	
STREET ADDRESS	800 CENTENNIAL AVENUE	
CITY - ST - ZIP	PISCATAWAY NJ	
TITLE	V	DELETE
NAME	NAYLOR, ROBERT	
STREET ADDRESS	2202 NORTH BARTLOTT AVENUE	
CITY - ST - ZIP	MILWAUKEE WI	
TITLE	V	DELETE
NAME	ROSS, DONNA	
STREET ADDRESS	800 CENTENNIAL AVENUE	
CITY - ST - ZIP	PISCATAWAY NJ	
TITLE	VS	DELETE
NAME	RACKEAR, ANDREW	
STREET ADDRESS	800 CENTENNIAL AVENUE	
CITY - ST - ZIP	PISCATAWAY NJ	
TITLE	D	DELETE
NAME	FORSELL, ARNE	
STREET ADDRESS	S 751 82	
CITY - ST - ZIP	UPPSALA SW	

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual 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 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES KOVAL

4/22/97

(908) 457-8296

Date

Daytime Phone #

0003603

CR2E034 (9/96)