

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90291 011 \*\*\*150.00

DOCUMENT # F94000003589

1. Corporation Name

BAXTER PHARMACEUTICAL PRODUCTS INC.



Principal Place of Business

110 ALLEN RD  
LIBERTY CORNER NJ 07938

Mailing Address

575 MOUNTAIN AVENUE  
MURRAY HILL NJ 07974  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1994

4. FEI Number

22-3066832

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
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 THOMAS, PAUL G  
STREET ADDRESS 110 ALLEN RD  
CITY-STATE-ZIP LIBERTY CORNER NJ 07938

1.1 TITLE PRESIDENT, DIRECTOR ☒ Change ☐ Addition  
1.2 NAME CARNE, JAMES E.  
1.3 STREET ADDRESS ONE BAXTER PARKWAY  
1.4 CITY-STATE-ZIP DEERFIELD, IL 60015

TITLE V ☐ DELETE  
NAME STOLL, ROGER G  
STREET ADDRESS 110 ALLEN RD  
CITY-STATE-ZIP LIBERTY CORNER NJ 07938

2.1 TITLE VP, SECRETARY ☒ Change ☐ Addition  
2.2 NAME TABATINO, THOMAS J., JR.  
2.3 STREET ADDRESS ONE BAXTER PARKWAY  
2.4 CITY-STATE-ZIP DEERFIELD, IL 60015

TITLE VS ☐ DELETE  
NAME BONNES, CHARLES A  
STREET ADDRESS 575 MOUNTAIN AVE  
CITY-STATE-ZIP MURRAY HILL NJ 07974

3.1 TITLE TREASURER ☒ Change ☐ Addition  
3.2 NAME RAINERI, DANIEL  
3.3 STREET ADDRESS ONE BAXTER PARKWAY  
3.4 CITY-STATE-ZIP DEERFIELD, IL 60015

TITLE AT ☐ DELETE  
NAME BOYCE, JAMES A  
STREET ADDRESS 575 MOUNTAIN AVE  
CITY-STATE-ZIP MURRAY HILL NJ 07974

4.1 TITLE ASSISTANT TREASURER ☒ Change ☐ Addition  
4.2 NAME OWCZARSKI, DENNIS  
4.3 STREET ADDRESS ONE BAXTER PARKWAY  
4.4 CITY-STATE-ZIP DEERFIELD, IL 60015

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE DIRECTOR ☐ Change ☒ Addition  
5.2 NAME QUADREL, RON  
5.3 STREET ADDRESS ONE BAXTER PARKWAY  
5.4 CITY-STATE-ZIP DEERFIELD, IL 60015

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE DIRECTOR ☐ Change ☒ Addition  
6.2 NAME MULLENHAUER, ARTHUR G.  
6.3 STREET ADDRESS ONE BAXTER PARKWAY  
6.4 CITY-STATE-ZIP DEERFIELD, IL 60015

14. 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 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: K.W.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS R. OWCZARSKI  
ASSISTANT TREASURER

4/20/99

Daytime Phone #

CR2E034 (1/98)