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

PROFIT ORPORATION NNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 29 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9600003380 (0)

. Corporation Nam PFIZER INC.

Principal Place of Business Mailing Address 235 E. 42ND ST. 235 E. 42ND ST. NEW YORK NY 10017-5703 NEW YORK NY 10017 Date Incorporated or Qualified 07/01/1996 3s. Date of Last Report 2a. Mailing Address Applied For 2. Principal Place of Business 13-5315170 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zio Ζip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Name 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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 177 ed or premist norm of requirered agent and little capplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE Change Addition THLE 11 TITLE BARETT, BRIAN W NAME 1.2 NAME 235 E. 42ND ST. 13 STREET ADDRESS STREET ADDRESS **NEW YORK NY 10017** 1 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition THUE 21 TITLE BOWLER, M K 22 NAME NAME 235 E. 42ND ST. 23 STREET ADDRESS STREET ADDRESS **NEW YORK NY 10017** 2 4 CITY-ST-ZIP CITY - SI - ZIP SV DELETE Change Addition TITLE 3.1 TITLE CLEMENTE, C L 32 NAME NAME 235 E. 42ND ST. STREET ADDRESS 3.3 STREET ADDRESS **NEW YORK NY 10017** CITY-ST-ZIF 3.4. CITY - ST- ZIP Stedlarz, David L. 235 E. Wat St. DELETE ■ Addition Change 4.1 YITLE TITLE ELLIG. BRUCE R NAME 4. 2 NAME 235 E. 42ND ST. STREET ADDRESS 4.3 STREET ADDRESS **NEW YORK NY 10017** NEW YORK, NY 10017 CITY-ST-ZIP 4.4 CITY - ST- ZIP Addition DELETE Change TOLE 5.1 TITLE FARLEY, DONALD F NAME 5.2 NAME 235 E. 42ND ST. STREET ADDRESS 5.3 STREET ADDRESS **NEW YORK NY 10017** COTY-S1-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE FORCIER, GEORGE A NAME 6.2 NAME 235 E. 42ND ST. STREET ADDRESS 6.3 STREET ADDRESS **NEW YORK NY 10017** 64 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 could find report as required by Chapter 607, Florida Statutes; and that my name

Date

Daytime Priorie # 0003941