2007 FOR PROFIT CORPORATION

CITY-ST-7IP

TITLE

NAME STREET ADDRESS VERNON HILLS, IL 60061

Apr 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F97000006747 04-16-2007 90081 023 ***150.00 1. Entity Name ABBOTT LABORATORIES INC. Principal Place of Business Mailing Address 40062878 100 ABBOTT PARK ROAD 100 ABBOTT PARK RD. ABBOTT PARK, IL 60064-3500 TAX DIVISION, D367/AP6D ABBOTT PARK, IL 60064-6057 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04122006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 36-4184946 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition SCHMACHER, LAURA J NAME NAME 100 ABBOTT PARK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ABBOTT PARK, IL 600643500 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ___ Addition FREYMAN, THOMAS C NAME NAME STREET ADDRESS STREET ADDRESS 100 ABBOTT PARK RD ABBOTT PARK, IL 60064 CffY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Channe Addition SHOULTZ, AJ NAME NAME STREET ADDRESS 100 ABBOTT PARK RD STREET ADDRESS CITY-ST-ZIP ABBOTT PARK, IL 60064 CITY-ST-ZIF TITLE Delete TITLE ☐ Change Addition NAME WHITE, MILES C NAME STREET ADDRESS 100 ABBOTT PARK RD. STREET ADDRESS CITY-ST-ZIP ABBOTT PARK, IL 60064 CITY-ST-7IP . Delete TITLE ☐ Change ddition Nolan, Thomas L NAME NAME STREET ADDRESS STREET ADDRESS

FILED

☐ Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

☐ Delete

Thomas L. Nolan 4/12/06 (847)937-4812 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #