2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90051 006 ***150.00

DOCUMENT # F97000006747

1. Entity Name
ABBOTT LABORATORIES INC.

Principal Place of Business	Mailing Address
100 ABBOTT PARK ROAD ABBOTT PARK, IL 60064-3500	100 ABBOTT PARK RD. TAX DIVISION, D367/AP6D ABBOTT PARK, IL 60064-6057 US

03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4184946
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	SCHMACHER, LAURA J
STREET ADDRESS	100 ABBOTT PARK ROAD
CITY-ST-ZIP	ABBOTT PARK, IL 600643500
TITLE	V
NAME	FREYMAN, THOMAS C
STREET ADDRESS	100 ABBOTT PARK RD
CITY-ST-ZIP	ABBOTT PARK, IL 60064
TITLE	V
NAME	SHOULTZ, AJ
STREET ADDRESS	100 ABBOTT PARK RD
CITY-ST-ZIP	ABBOTT PARK, IL 60064
TITLE	C
NAME	WHITE, MILES C
STREET ADDRESS	100 ABBOTT PARK RD.
CITY-ST-ZIP	ABBOTT PARK, IL 60064
TITLE	AS
NAME	NOLAN, THOMAS L
STREET ADDRESS	100 ABBOTT PARK RD
CITY-ST-ZIP	ABBOTT PARK, IL 60064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas C. Nolan 4/2/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #