FILED

2003 FOR PROFIT CORPORATION

Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** F97000006747 DOCUMENT # 04-28-2003 90294 008 ***150.00 1. Entity Name ABBOTT LABORATORIES INC. Principal Place of Business Mailing Address 11019535 100 ABBOTT PARK ROAD 100 ABBOTT PARK RD. ABBOTT PARK IL 60064-3500 TAX DIVISION, D367/AP6D ABBOTT PARK IL 60064-6057 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 36-4184946 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zio Code City 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition DE LASA, JOSE M NAME NAME 100 ABBOTT PARK ROAD STREET ADDRESS STREET ADDRESS ABBOTT PARK IL 60064-3500 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition FREYMAN, THOMAS C NAME NAME 100 ABBOTT PARK RD STREET ADDRESS STREET ADDRESS CITY-ST-7IF ABBOTT PARK IL 60064 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition LUSSEN, JOHN F. NAME NAME -100 ABBOTT PARK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ABBOTT PARK IL 60064 CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete WHITE, MILES C NAME NAME 100 ABBOTT PARK RD. STREET ADDRESS STREET ADDRESS ABBOTT PARK IL 60064 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition KEARNEY, TERRENCE C NAME NAME 100 ABBOTT PARK RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ABBOTT PARK IL 60064 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete Addition NAME NAME STREET ADDRESS

12. 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 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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

> がRED_lohn F. Lussen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 Date

(847) 937**-**1495

Daytime Phone #