

FILED
Jun 20, 2002 8:00 am
Secretary of State

05-24-2002 91322 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002018

1. Entity Name

WYETH COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
FIVE GIRALDA FARMS

3. Mailing Address
FIVE GIRALDA FARMS

Suite, Apt. #, etc.
TAX DEPT. 3DA

Suite, Apt. #, etc.
TAX DEPT. 3DA

City & State
MADISON, NJ

City & State
MADISON, NJ

Zip
07940

Country
USA

Zip
07940

Country
USA

4. FEI Number
22-3706664

Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

City
TALLAHASSEE

FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent Signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
PRESIDENT
NAME
MARTIN, J. KENNETH
STREET ADDRESS
FIVE GIRALDA FARMS
CITY-ST-ZIP
MADISON, NJ 07940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
VICE PRESIDENT
NAME
SHERMAN, S. JEFFREY
STREET ADDRESS
FIVE GIRALDA FARMS
CITY-ST-ZIP
MADISON, NJ 07940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
VICE PRESIDENT
NAME
SLATER, T. TIMOTHY
STREET ADDRESS
FIVE GIRALDA FARMS
CITY-ST-ZIP
MADISON, NJ 07940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
TREASURER
NAME
O'CONNOR, M. JACK
STREET ADDRESS
FIVE GIRALDA FARMS
CITY-ST-ZIP
MADISON, NJ 07940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
SECRETARY
NAME
LACH, M. EILEEN
STREET ADDRESS
FIVE GIRALDA FARMS
CITY-ST-ZIP
MADISON, NJ 07940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
ASSISTANT SECRETARY
NAME
LEWIN, A. BRADFORD
STREET ADDRESS
FIVE GIRALDA FARMS
CITY-ST-ZIP
MADISON, NJ 07940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: T. T. SLATER, VICE PRESIDENT

04/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)