FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P26449 (9)

FILED
95 JAN 27 PM 4:0
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
G. D. SEARLE & CO.

Principal Place of Business	Mailing Address
5200 OLD ORCHARD ROAD SKOKIE IL 60077	5200 OLD ORCHARD ROAD SKOKIE IL 60077

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/13/1989	3a. Date of Last Report: 02/01/1994
4. FEI Number: 36-3399885	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 5200 Old Orchard Road
Suite, Apt. #, etc.
27 Attn: Tax Department
City & State
28 Skokie, Illinois
Zip 29 60077 Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	DESCHUTTER, R U	1.2 NAME	
STREET ADDRESS	5200 OLD ORCHARD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SKOKIE IL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	GYENES, LA	2.2 NAME	Heller, A.
STREET ADDRESS	5200 OLD ORCHRD ROAD	2.3 STREET ADDRESS	5200 Old Orchard Road
CITY-ST-ZIP	SKOKIE IL	2.4 CITY-ST-ZIP	Skokie, IL. 60077
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	BOGOMOLNY, R. L.	3.2 NAME	
STREET ADDRESS	5200 OLD ORCHARD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SKOKIE IL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	MCMORROW, T.E.	4.2 NAME	
STREET ADDRESS	5200 OLD ORCHARD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SKOKIE IL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GILGORE, S.G.	5.2 NAME	
STREET ADDRESS	5200 OLD ORCHARD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SKOKIE IL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MAHONEY, R. J.	6.2 NAME	
STREET ADDRESS	800 N. LINDBERGH BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. E. Federer R. E. Federer 1/16/95 (708)-470-6897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0407447 PP