FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P26449** **(9)**

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

Principal Place of Business
5200 OLD ORCHARD ROAD
SKOKIE IL 60077

Mailing Address
5200 OLD ORCHARD ROAD
ATTN: TAX DEPARTMENT
SKOKIE IL 60077
US

3. Date Incorporated or Qualified **10/13/1989**
3a. Date of Last Report **01/27/1995**

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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 607.0505, 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 of a New Agent or the President of the Corporation — Typed or Printed Name of Signing Officer — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	DESCHUTTER, R U	
STREET ADDRESS	5200 OLD ORCHARD ROAD	
CITY, ST, ZIP	SKOKIE IL	
TITLE	V	☐ DELETE
NAME	HELLER, A	
STREET ADDRESS	5200 OLD ORCHRD ROAD	
CITY, ST, ZIP	SKOKIE IL	
TITLE	S	☐ DELETE
NAME	BOGOMOLNY, R. L.	
STREET ADDRESS	5200 OLD ORCHARD ROAD	
CITY, ST, ZIP	SKOKIE IL	
TITLE	T	☐ DELETE
NAME	MCMORROW, T.E.	
STREET ADDRESS	5200 OLD ORCHARD ROAD	
CITY, ST, ZIP	SKOKIE IL	
TITLE	D	☐ DELETE
NAME	GILGORE, S.G.	
STREET ADDRESS	5200 OLD ORCHARD RD	
CITY, ST, ZIP	SKOKIE IL	
TITLE	D	☐ DELETE
NAME	MAHONEY, R. J.	
STREET ADDRESS	800 N. LINDBERGH BLVD.	
CITY, ST, ZIP	ST. LOUIS MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE	AT	☒ Change ☐ Addition
4.2 NAME	Federer, R.E.	
4.3 STREET ADDRESS	5200 Old Orchard Road	
4.4 CITY, ST, ZIP	Skokie, IL. 60077	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	Hoffman, R.B.	
5.3 STREET ADDRESS	800 N. Lindbergh Blvd.	
5.4 CITY, ST, ZIP	St. Louis, MO. 63167	
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	Reding, N.L.	
6.3 STREET ADDRESS	800 N. Lindbergh Blvd.	
6.4 CITY, ST, ZIP	St. Louis, MO. 63167	

CR2E034 (12/95)

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)(k), Florida Statutes. I further certify that the information indicated on this 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 — 1/26/96 — (847)-470-6897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #