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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 60077-1034
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/13/1989

3a. Date of Last Report

02/07/1996

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

10. Name and Address of New Registered Agent

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

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 fee if applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DESCHUTTER, R U	
STREET ADDRESS	5200 OLD ORCHARD ROAD	
CITY - ST - ZIP	SKOKIE IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HELLER, A	
STREET ADDRESS	5200 OLD ORCHRD ROAD	
CITY - ST - ZIP	SKOKIE IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOGOMOLNY, R. L.	
STREET ADDRESS	5200 OLD ORCHARD ROAD	
CITY - ST - ZIP	SKOKIE IL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	FEDERER, R.E.	
STREET ADDRESS	5200 OLD ORCHARD ROAD	
CITY - ST - ZIP	SKOKIE IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOFFMAN, R.B.	
STREET ADDRESS	800 N LINDBERGH BLVD	
CITY - ST - ZIP	ST. LOUIS MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REDING, N.L.	
STREET ADDRESS	800 N LINDBERGH BLVD	
CITY - ST - ZIP	ST. LOUIS MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.E. Federer

2/13/97

(847)470-6897

Date

Daytime Phone

CR2E034 (9/96)