## **2004 FOR PROFIT CORPORATION**

## Feb 09, 2004 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P27105** 02-09-2004 90037 006 \*\*\*150.00 BAXTER SYSTEMS INC. Mailing Address Principal Place of Business 24009445 P.O. BOX 703-SIT P.O. BOX 703-SIT DEERFIELD, IL 60015-7703 DEERFIELD, IL 60015-7703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01272004 Chg-P CB2E034 (10/03) City & State City & State 4. FFI Number Applied For 36-3674246 Not Applicable 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 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code 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. இது நடித்த நடித்த கண்ணிகள் கொடிக்க நட machan in la biologic de consentat submit a fill 140 / 120 metros de la fils partir SIGNATURE | DEEDes 1775 17 COD 2 UD 2. St FFL TIEL Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Cher + 9. - Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PΠ TITLE ☐ Delete TITLE SABATINO, THOMAS J JR NAME NAME STREET ADDRESS ONE BAXTER PARKWAY STREET ADDRESS CITY-ST-ZIP DEERFIELD, IL 60015 CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition .THURMAN, CHARLES W NAME NAME ONE BAXTER PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 76 DEERFIELD, IL 60015 CITY-ST-7IP ☐.Delete \_ \_ \_ Change \_ \_ \_ Addition TITLE TITLE TUCKER, MICHAEL J NAME STREET ADDRESS ONE BAXTER PKWY STREET ADDRESS DEERFIELD, IL 60015 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MEYER, STEVEN J NAME 1 BARKLEY PARKWAY STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3 DEERFIELD, IL 60015 TREASURER Delete TITLE ☐ Change **Addition** TITLE MATTHEW LYKKEN MCDONALD, TIMOTHY NAME STREET ADDRESS ONE BAXTER PKWY STREET ADDRESS DEERFIELD, ILs 60015 ಪ್ರಶಾಣಕಾಣ .CITY-ST-ZIP CITY-ST-ZIP itusi kana u SDUMIN LISE THE KARL US 0. -E ⊡:Delete ampaig ETITLE CIVID ☐ Change TITI F ☐ Addition NAME REED, JAN S NAME. ONE:BAXTER PARKWAYAGA GUGUR SACI (\$10 15 15 15 15 15 15 15 STREET ADDRESS למטי שערונוניג טואניה מכנה לחירה. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD, IL 60015 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. ASST. TREASURER

MATTHE W.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: C

**FILED**