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FILED  
May 06 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 # P30029

(3)

1. Corporation Name

MALLINCKRODT MEDICAL, INC.

Principal Place of Business

675 McDONNELL BLVD  
P O BOX 5840  
HAZELWOOD MO 63042  
US

Mailing Address

TAX DEPARTMENT  
P O BOX 5840  
ST LOUIS MO 63134-0840



3. Date Incorporated or Qualified

07/02/1990

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

43-1479062

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 607.1508, 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

TITLE P  
NAME MOUSSA, ROBERT G  
STREET ADDRESS 16191 WILSON MANOR DRIVE  
CITY-ST-ZIP CHESTERFIELD MO 63005 ☐ DELETE

TITLE V  
NAME FOX, J. EUGENE  
STREET ADDRESS 17640 ORVILLE ROAD  
CITY-ST-ZIP CHESTERFIELD MO 63005 ☒ DELETE

TITLE VT  
NAME GREENSPAN, RONALD L  
STREET ADDRESS 1069 LITCHEFORD COURT  
CITY-ST-ZIP ST. LOUIS MO 63141 ☐ DELETE

TITLE VS  
NAME KINDSCHI, JOHN P  
STREET ADDRESS 675 McDONNELL BOULEVARD  
CITY-ST-ZIP HAZELWOOD MO ☒ DELETE

TITLE V  
NAME MONNET, MARY J  
STREET ADDRESS 10 VANESSA DRIVE  
CITY-ST-ZIP TOWN & COUNTRY MO 63131 ☒ DELETE

TITLE V  
NAME RODEBAUGH, MICHAEL E  
STREET ADDRESS 17245 PORTLAND CREST  
CITY-ST-ZIP POND MO 63038 ☐ DELETE

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 Vice President ☐ Change ☒ Addition  
2.2 NAME Adeoye Y. Olukotun  
2.3 STREET ADDRESS 7733 Forsyth Blvd.  
2.4 CITY-ST-ZIP St. Louis, MO 63105

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE Vice President ☐ Change ☒ Addition  
4.2 NAME James C. Carlile  
4.3 STREET ADDRESS 675 McDonnell Blvd.  
4.4 CITY-ST-ZIP Hazelwood, MO 63042

5.1 TITLE Vice President ☐ Change ☒ Addition  
5.2 NAME David Morra  
5.3 STREET ADDRESS 675 McDonnell Blvd.  
5.4 CITY-ST-ZIP Hazelwood, MO 63042

6.1 TITLE ☐ Change ☐ 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:

Curt S. Wiley

Curt S. Wiley

4/22/97

314-530-2351

CR2E034 (9/96)