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FILED

May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/02/1990

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

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 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  
NAME MOUSSA, ROBERT G  
STREET ADDRESS 18191 WILSON MANOR DRIVE  
CITY-ST-ZIP CHESTERFIELD MO 63005 ☒ DELETE

1.1 TITLE P/D  
1.2 NAME Mack G. Nichols  
1.3 STREET ADDRESS 675 McDonnell Blvd  
1.4 CITY-ST-ZIP Hazelwood, MO 63042 ☐ Change ☒ Addition

TITLE VP  
NAME OLUKOTUN, ADEOYE Y.  
STREET ADDRESS 7733 FORSYTH BLVD  
CITY-ST-ZIP ST. LOUIS MO ☒ DELETE

2.1 TITLE VP/D  
2.2 NAME Michael A. Rocca  
2.3 STREET ADDRESS 675 McDonnell Blvd.  
2.4 CITY-ST-ZIP Hazelwood, MO 63042 ☐ Change ☒ Addition

TITLE VT  
NAME GREENSPAN, RONALD L  
STREET ADDRESS 1089 LITCHEFORD COURT  
CITY-ST-ZIP ST. LOUIS MO 63141 ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 675 McDonnell Blvd  
3.4 CITY-ST-ZIP Hazelwood, MO 63042

TITLE VP  
NAME CARLILE, JAMES C.  
STREET ADDRESS 675 McDONNELL BLVD.  
CITY-ST-ZIP HAZELWOOD MO ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VP  
NAME MORRA, DAVID  
STREET ADDRESS 675 McDONNELL BLVD.  
CITY-ST-ZIP HAZELWOOD MO ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

6.1 TITLE T  
6.2 NAME Frank A. Voltolina  
6.3 STREET ADDRESS 675 McDonnell Blvd  
6.4 CITY-ST-ZIP Hazelwood, MO 63042 ☐ Change ☒ Addition

14. 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 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.

CR2E034 (10/97)