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Apr 05, 1999 8:00 am  
Secretary of State

04-05-1999 90030 020 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P30029

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 the current year Intangible  
Personal Property Tax. ☐ 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 PD ☒ DELETE  
NAME NICHOLS, M G  
STREET ADDRESS 675 MCDONNELL BLVD  
CITY-ST-ZIP HAZELWOOD MO 63042

1.1 TITLE PRES. & CEO & DIRECTOR ☐ Change ☒ Addition  
1.2 NAME C. RAY HOLMAN  
1.3 STREET ADDRESS 675 MCDONNELL BLVD.  
1.4 CITY-ST-ZIP HAZELWOOD, MO 63042

TITLE VPD ☐ DELETE  
NAME ROCCA, M A  
STREET ADDRESS 675 MCDONNELL BLVD  
CITY-ST-ZIP HAZELWOOD MO 63042

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VT ☐ DELETE  
NAME GREENSPAN, RONALD L  
STREET ADDRESS 675 MCDONNELL BLVD  
CITY-ST-ZIP HAZELWOOD MO 63042

3.1 TITLE ASST. TREASURER ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE VP/3 ☐ Change ☒ Addition  
4.2 NAME ROGER A. KELLER  
4.3 STREET ADDRESS 675 MCDONNELL BLVD.  
4.4 CITY-ST-ZIP HAZELWOOD, MO 63042

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

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

TITLE T ☐ DELETE  
NAME VOLTOLINA, F A  
STREET ADDRESS 675 MCDONNELL BLVD  
CITY-ST-ZIP HAZELWOOD MO 63042

6.1 TITLE ASST. TREASURER ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Assistant Treasurer 2/3/99

(314) 654-2000

CR2E034 (1/1/98)