

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90834 024 ***150.00

DOCUMENT # P30029

1. Entity Name
MALLINCKRODT INC.

Principal Place of Business
**675 MCDONNELL BLVD
P O BOX 5840
HAZELWOOD MO 63042
US**

Mailing Address
**675 MCDONNELL BLVD.
HAZELWOOD MO 63042**

2. Principal Place of Business

3. Mailing Address

PO Box 3038

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton FL

Zip

Country

Zip

Country

33431-0938

USA

4. FEI Number **43-1479062**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	HOLMAN, C. RAY	
STREET ADDRESS	675 MCDONNELL BLVD	
CITY-ST-ZIP	HAZELWOOD MO 63042	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ROCCA, M A	
STREET ADDRESS	675 MCDONNELL BLVD	
CITY-ST-ZIP	HAZELWOOD MO 63042	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	GREENSPAN, RONALD L	
STREET ADDRESS	675 MCDONNELL BLVD	
CITY-ST-ZIP	HAZELWOOD MO 63042	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	KELLER, ROGER A	
STREET ADDRESS	675 MCDONNELL BLVD.	
CITY-ST-ZIP	HAZELWOOD MO 63042	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MORRA, DAVID	
STREET ADDRESS	675 MCDONNELL BLVD.	
CITY-ST-ZIP	HAZELWOOD MO	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	VOLTOLINA, F A	
STREET ADDRESS	675 MCDONNELL BLVD	
CITY-ST-ZIP	HAZELWOOD MO 63042	

TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meelia, Archard J.	
STREET ADDRESS	15 Hampshire Street	
CITY-ST-ZIP	Mansfield, MA 02048	
TITLE	Director/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gutin, Irving	
STREET ADDRESS	One Tyco Park	
CITY-ST-ZIP	Exeter NH 03833	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stevenson, Scott	
STREET ADDRESS	One Town Center Road	
CITY-ST-ZIP	Boca Raton FL 33486	
TITLE	Secretary/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Masterson, John	
STREET ADDRESS	15 Hampshire Street	
CITY-ST-ZIP	Mansfield, MA 02048	
TITLE	VP/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Swartz, Mark H.	
STREET ADDRESS	One Tyco Park	
CITY-ST-ZIP	Exeter NH 03833	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Scott Stevenson VP/Asst.Treas.

4/24/01

(56)988-6376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)