2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2002 8:00 AM
Secretary of State

DOCUMENT# P30029

Entity Name: MALLINCKRODT INC.

Current Principal Place of Business:

675 MCDONNELL BLVD
P O BOX 5840
HAZELWOOD, MO 63042 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3038
BOCA RATON, FL 334310938 US

New Mailing Address:

FEI Number: 43-1479062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MEELIA, RICHARD J
Address: 15 HAMPSHIRE STREET
City-St-Zip: MANSFIELD, MA 02048

Title: VD ( ) Delete
Name: GUTIN, IRVING
Address: 1 TYCO PARK
City-St-Zip: EXETER, NH 03833

Title: AT ( ) Delete
Name: STEVENSON, SCOTT
Address: 1 TOWN CENTER ROAD
City-St-Zip: BOCA RATON, FL 33486

Title: SV ( ) Delete
Name: MASTERSON, JOHN
Address: 15 HAMPSHIRE STREET
City-St-Zip: MANSFIELD, MA 02048

Title: VD ( ) Delete
Name: SWARTZ, MARK H
Address: 1 TYCO PARK
City-St-Zip: EXETER, NH 03833

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT STEVENSON VPAT 04/19/2002

Electronic Signature of Signing Officer or Director Date