## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P30029

**Entity Name: MALLINCKRODT INC.** 

**FILED** Mar 29, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

675 MCDONNELL BOULEVARD ST. LOUIS, MO 63042

**Current Mailing Address: New Mailing Address:** 

675 MCDONNELL BOULEVARD 15 HAMPSHIRE STREET ST. LOUIS, MO 63042 MANSFIELD, MA 02048

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

## **OFFICERS AND DIRECTORS:**

Title:

MEELIA, RICHARD J PREDIR Name: 15 HAMPSHIRE STREET Address: City-St-Zip: MANSFIELD, MA 02048

Title: VPS

Name: MASTERSON, JOHN H VPSEC 15 HAMPSHIRE STREET Address: MANSFIELD, MA 02048 City-St-Zip:

Title: VPT

DASILVA, KEVIN G VPTREAS Name: 15 HAMPSHIRE STREET Address: City-St-Zip: MANSFIELD, MA 02048

Title: **VPD** 

WUESTNER, JOSEPH A VPDIR Name: Address: 675 MCDONNELL BOULEVARD

City-St-Zip: ST. LOUIS, MO 63042

Title: VPD

Name: BUDENHOLZER, ROBERT T VPDIR Address: 675 MCDONNELL BOULEVARD ST. LOUIS, MO 63042

City-St-Zip:

Title: Name: KAPPLES, JOHN W Address: 15 HAMPSHIRE STREET City-St-Zip: MANSFIELD, MA 02048

I hereby 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 all other like empowered.

VΡ SIGNATURE: JOHN W KAPPLES 03/29/2011