P33190



ACCOUNT NO. = 072100000032

REFERENCE

:- 492160

5059641

AUTHORIZATION

COST LIMIT

\$ 35.00

SH-58

ORDER DATE: November 23, 1999

ORDER TIME : 11:46 AM

ORDER NO. : 492160-255

CUSTOMER NO: 5059641

100003062221--0

CUSTOMER: Ms. Stephanie Morrison

Mallinckrodt Inc.

675 Mcdonnell Boulevard St. Louis, MO 63134

CHANGE OF AGENT

NAME:

MALLINCKRODT BAKER, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Robert Turner

MSION CHECKING OF STATE
MSION

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provision	s of sections 607.0502, 617.05	02, 607.1308, or 617.1308,	Florida Statutes,
the undersigned corporation	on organized under the laws of t	he State of New Jersey	
submits the following state	ement in order to change its re	gistered office or registered o	agent, or both, in
the State of Florida.			
 The name of the corporation MALLINCKRODT BAKER, 	ation is:	-	
2. The mailing address of	the corporation is: 675 MCDONNE	ELL BOULEVARD	
HAZELWOOD, MO 63042			
3. Date of incorporation/q	ualification: March 19, 1991	Document number: P3	31190
4. The name and address of	of the current registered agent ar	nd office:	
CT Corpor	ration System		· · · · · ·
1200 Sout	h Pine Island Road		9 %
	on, FL 33324		9
5. The name and address of	of the new registered agent and o	office: (P. O. Box Not Accept	abig B T
Corporati	on Service Company		- F
1201 Hays	Street		是。 3 D
	see, FL 32301		OP CO
The street address of its ragent, as changed, will be	egistered office and the street a	address of the business office	e of its registered
authorized by the board.	ed by resolution duly adopted		
V (Signature of an officer	, chairman or vice chairman of the board	(Da	te)
ROBERT T. BUDENHOLZER,	Secretary	<u> </u>	•
corporation, I hereby acce I further agree to comply v performance of my duties, registered agent.	istered agent and to accept serve the pt the appointment as registered with the provisions of all statutes and I am familiar with and acce	d agent and agree to act in thi s relative to the proper and co	s capacity. mplete
Corporation Service Com By: WWW.A. 4	O. Skippers	, 11–16–99 (Date)	
(Signature of If signing on behalf of an entity:	Registered Algent)	, (Date)	
DEBORAH D. SKIPPER		Assistant Vice Pre	sident
(Typed or Pri	inted Name)	(Capacity)	

* * * FILING FEE: \$35.00 * * *