

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90835 007 ***150.00

DOCUMENT # P33190

1. Entity Name

MALLINCKRODT BAKER, INC.

Principal Place of Business

Mailing Address

222 RED SCHOOL LANE
P.O. BOX 599
PHILLIPSBURG NJ 08865
US

16305 SWINGLEY RIDGE DR
ATTN: TAX DEPT
CHESTERFIELD MO 63017-1777
US

2. Principal Place of Business

3. Mailing Address

PO Box 3038

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton FL

4. FEI Number **22-0750930**

Applied For

Not Applicable

Zip

Country

Zip

Country

33431-0938

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST
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 **P** ☐ Delete
NAME **MULHOLLAND, DANIEL**
STREET ADDRESS **222 RED SCHOOL LANE**
CITY-ST-ZIP **PHILLIPSBURG NJ**

TITLE **President/Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **EGBERT, STANLEY**
STREET ADDRESS **222 RED SCHOOL LANE**
CITY-ST-ZIP **PHILLIPSBURG NJ 08865**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **PIRAINO, RUSSELL W.**
STREET ADDRESS **675 MCDONNELL BLVD**
CITY-ST-ZIP **HAZELWOOD MO 63042**

TITLE **Director/Secretary** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PIERGIOVANNI, ANTHONY J.**
STREET ADDRESS **222 RED SCHOOL LANE**
CITY-ST-ZIP **PHILLIPSBURG NJ**

TITLE **VP/Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **CURTS, WILEY**
STREET ADDRESS **16305 SWINGLEY RIDGE DR**
CITY-ST-ZIP **CHESTERFIELD MO 63017-1777**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP/Asst. Treasurer** ☐ Change ☒ Addition
NAME **Scott Stevenson**
STREET ADDRESS **One Town Center Road**
CITY-ST-ZIP **Boca Raton FL 33486**

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 another like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Stevenson VP/Asst. Treas.

Date

4/24/01

Daytime Phone #

(561) 988-6376

CR2E034 (10/00)