

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-17-2003 90022 041 ***550.00

DOCUMENT # P33190

1. Entity Name
MALLINCKRODT BAKER, INC.



Principal Place of Business
**222 RED SCHOOL LANE
P.O. BOX 599
PHILLIPSBURG NJ 08865
US**

Mailing Address
**675 McDONNELL BLVD.
ST. LOUIS MO 63042
US**

2. Principal Place of Business

3. Mailing Address
One Town Center Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Boca Raton FL

Zip

Country

Zip
33486 Country
USA

4. FEI Number
22-0750930

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ PD ☐ Delete
NAME **MEELIA, RICHARD J**
STREET ADDRESS **15 HAMPSHIRE ST.**
CITY-ST-ZIP **MANSFIELD MA 02048**

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

TITLE ☒ T ☐ Delete
NAME **ROBINSON, MICHAEL A**
STREET ADDRESS **ONE TOWN CENTER ROAD**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Martina Hund-Mejean**
CITY-ST-ZIP **9 West 57th St. 43rd Floor New York, NY 10019**

TITLE ☒ DV ☐ Delete
NAME **GUTIN, IRVIN**
STREET ADDRESS **ONE TYCO PARK**
CITY-ST-ZIP **EXETER NH 03833**

TITLE ☐ Change ☐ Addition
NAME **VP / VP**
STREET ADDRESS **Timothy E. Hanigan**
CITY-ST-ZIP **9 West 57th St. 43rd Floor New York, NY 10019**

TITLE ☐ S ☐ Delete
NAME **MASTERSON, JOHN**
STREET ADDRESS **15 HAMPSHIRE STREET**
CITY-ST-ZIP **MANSFIELD MA 02048**

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

TITLE ☒ VAT ☐ Delete
NAME **STEVENSON, SCOTT**
STREET ADDRESS **1 TOWN CENTER ROAD**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Change ☒ Addition
NAME **VP / AT**
STREET ADDRESS **J. William McArthur Jr**
CITY-ST-ZIP **One Town Center Road Boca Raton, FL 33486**

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP / AT**
STREET ADDRESS **John E. Eward Jr**
CITY-ST-ZIP **One Town Center Road Boca Raton, FL 33486**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. William McArthur, Jr.
VP/Asst. Treas.

9/11/03

Daytime Phone #

CR2E034 (4/03)