

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 826796

Entity Name: ZENECA INC.

**Current Principal Place of Business:**

1800 CONCORD PIKE  
WILMINGTON, DE 19803

**Current Mailing Address:**

1800 CONCORD PIKE  
WILMINGTON, DE 19803 US

FEI Number: 51-0112320

Certificate of Status Desired: No

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

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

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            MOHR, STEPHEN F.  
Address        1800 CONCORD PIKE  
City-State-Zip: WILMINGTON DE 19803

Title            SECRETARY  
Name            O'GRADY, CLAIRE-MARIE  
Address        1800 CONCORD PIKE  
City-State-Zip: WILMINGTON DE 19803

Title            TREASURER  
Name            WHITE, DAVID E.  
Address        1800 CONCORD PIKE  
City-State-Zip: WILMINGTON DE 19803

Title            VP  
Name            MONDAY, KATHY L.  
Address        1800 CONCORD PIKE  
City-State-Zip: WILMINGTON DE 19803

Title            VP  
Name            HOROWITZ, ALAN B.  
Address        1800 CONCORD PIKE  
City-State-Zip: WILMINGTON DE 19803

Title            VP  
Name            METTE, LUKE W.  
Address        1800 CONCORD PIKE  
City-State-Zip: WILMINGTON DE 19803

Title            ASSISTANT SECRETARY  
Name            BOOTH-BARBARIN, ANN V.  
Address        1800 CONCORD PIKE  
City-State-Zip: WILMINGTON DE 19803

Title            DIRECTOR  
Name            UHLE, MARK S.  
Address        1800 CONCORD PIKE  
City-State-Zip: WILMINGTON DE 19803

*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.*

SIGNATURE: ANN V. BOOTH-BARBARIN

ASSISTANT SECRETARY    04/10/2019

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date