

No. C 84030	Due no later than Jun 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BAXTER HEALTHCARE CORPORATION ONE BAXTER PARKWAY DEERFIELD IL 60015		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JOSE ALMEIDA	ONE BAXTER PARKWAY	DEERFIELD	IL	USA	60015
SECRETARY	ELLEN K. MCINTOSH	ONE BAXTER PARKWAY	DEERFIELD	IL	USA	60015
TREASURER	SCOTT A. BOHABOY	ONE BAXTER PARKWAY	DEERFIELD	IL	USA	60015
DIRECTOR	SEAN MARTIN	ONE BAXTER PARKWAY	DEERFIELD	IL	USA	60015
DIRECTOR	JOSE ALMEIDA	ONE BAXTER PARKWAY	DEERFIELD	IL	USA	60015
DIRECTOR	JAMES K. SACCARO	ONE BAXTER PARKWAY	DEERFIELD	IL	USA	60015
PRESIDENT	JACQUELINE KUNZLER	ONE BAXTER PARKWAY	DEERFIELD	IL	USA	60015
DIRECTOR	SCOTT E. PLEAU	ONE BAXTER PARKWAY	DEERFIELD	IL	USA	60015
5. Organized Under the Laws of: DE C 84030		6. Annual Report must be signed.* Signature: Bradley Slenker Name (type or print): Bradley Slenker Date: 05/11/2017 Title: POA				
Processed 05/11/2017		* Electronically provided signatures are accepted as original signatures.				