

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90061 042 ***150.00

0672085 A1

DOCUMENT # 824176
 1. Entity Name
BECTON DICKINSON AND COMPANY

Principal Place of Business 1 BECTON DRIVE FRANKLIN LAKES NJ 07417 US	Mailing Address 1 BECTON DRIVE FRANKLIN LAKES NJ 07417 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 22-0760120	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HARRY N. BEATY	
STREET ADDRESS	34808 NORTH DESERT RIDGE DRIVE	
CITY-ST-ZIP	SCOTTSDALE AZ 85262	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BECTON, HENRY P JR	
STREET ADDRESS	WGBH ED. FOUN., 125 WESTERN AVENUE	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COSTELLO, ALBERT J	
STREET ADDRESS	11 OCEAN PLACE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUDWIG, EDWARD J	
STREET ADDRESS	1 BECTON DRIVE	
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDELMAN, GERALD M	
STREET ADDRESS	10550 NORTH TORREY PINES RD., SRI,SBR 14	
CITY-ST-ZIP	LA JOLLA CA 92037	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	BRIDGET M HEALY	
STREET ADDRESS	601 TENTH ST	
CITY-ST-ZIP	BROOKLYN NE 11215	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry P. Becton, Jr.	
STREET ADDRESS	WGBH Educational Foundation, 125 Western Av	
CITY-ST-ZIP	Boston, Massachusetts 02134	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albert J. Costello	
STREET ADDRESS	11 Ocean Place	
CITY-ST-ZIP	Highland Beach, Florida 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bridget M. Healy	
STREET ADDRESS	601 Tenth Street	
CITY-ST-ZIP	Brooklyn, New York 11215	

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 all other like empowered.
SEE ATTACHED SHEET

SIGNATURE: *Bridget M. Healy* **Bridget M. Healy, V.P. & Secretary** (201) 847-5647
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)