

1.) CORPORATION NAME:

ZENECA Inc.

DUE DATE: **9/30/2011**

SCC ID NO: **F0243131**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1800 CONCORD PKE

CITY/ST/ZIP: WILMINGTON, DE 19803-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ALAN B HOROWITZ
TITLE: VICE PRESIDENT
ADDRESS: 1800 CONCORD PIKE
CITY/ST/ZIP/CO: WILMINGTON, DE 19803-

OFFICER

DIRECTOR

NAME: LUKE W METTE
TITLE: VICE PRESIDENT
ADDRESS: 1800 CONCORD PIKE
CITY/ST/ZIP/CO: WILMINGTON, DE 19803-

OFFICER

DIRECTOR

NAME: KATHY L MONDAY
TITLE: VICE PRESIDENT
ADDRESS: 1800 CONCORD PIKE
CITY/ST/ZIP/CO: WILMINGTON, DE 19803-

OFFICER

DIRECTOR

NAME: BARBARA J STEEN
TITLE: SECRETARY
ADDRESS: 1800 CONCORD PIKE
CITY/ST/ZIP/CO: WILMINGTON, DE 19803-

OFFICER

DIRECTOR

NAME: ANN V BOOTH-BARBARIN
TITLE: ASST SECRETARY
ADDRESS: 1800 CONCORD PIKE
CITY/ST/ZIP/CO: WILMINGTON, DE 19803-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLYN H MICOLUCCI ASST SECRETARY 1800 CONCORD PIKE WILMINGTON, DE 19803-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY M BRUXELLES ASST TREASURER 1800 CONCORD PIKE WILMINGTON, DE 19803-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT N JENKINS ASST TREASURER 1800 CONCORD PIKE WILMINGTON, DE 19803-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RONALD E PAWLUK ASST TREASURER 1800 CONCORD PIKE WILMINGTON, DE 19803-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BERNADETTE J PINAMONT ASST TREASURER 1800 CONCORD PIKE WILMINGTON, DE 19803-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN F MOHR P/CHAIRMN 1800 CONCORD PIKE WILMINGTON, DE 19803-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK S UHLE VP FIN & CFO 1800 CONCORD PIKE WILMINGTON, DE 19803-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES G REID ASST TREASURER 1800 CONCORD PIKE WILMINGTON, DE 19803-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID E WHITE TREASURER 1800 CONCORD PIKE WILMINGTON, DE 19803-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L BUSCH ASST TREASURER 1800 CONCORD PIKE WILMINGTON, DE 19803-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: GARY J MARINI TITLE: ASST SECRETARY ADDRESS: 1800 CONCORD PIKE CITY/ST/ZIP/CO: WILMINGTON, DE 19803-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ BARBARA J STEEN	BARBARA J STEEN, SECRETARY	8/1/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.