## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 28, 2002 8:00 am Secretary of State F01000005343 DOCUMENT # 1. Entity Name RESEARCH PHARMACEUTICAL SEARCH, INC. 05-28-2002 91527 043 \*\*\*150.00 Principal Place of Business Mailing Address 610 PLYMOUTH MEETING EXEC CAMPUS, #200 610 PLYMOUTH MEETING EXEC CAMPUS. #200 PLYMOUTH MEETING PA-19462 PLYMOUTH MEETING PA 19462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State ..... 4. FEł Number 23-2735793 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \_\_\_\_ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code 2 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. **地震等空心的地震**处。 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete TITLE Addition MACDONALD JAMES Perlman, Daniel STE 9500 610 PLYMOUTH MEETING EXEC CAMPUS. #200 233 WALKER DR STREET ADDRESS PLYMOUTH MEETING PA 19462 CITY-ST-ZIP 166 60606 CHICAGO ☐ Delete TITLE ☐ Change ☐ Addition FORESE, MICHAEL NAME 610 PLYMOUTH MEETING EXEC CAMPUS, #200 STREET ADDRESS PLYMOUTH: MEETING PA-19462 CITY-ST-7IP

11. TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS سترCITY-ST-ZIP TITLE DC00 □ Delete TITLE Change ☐ Addition NAME BRENNAN, JANET NAME STREET ADDRESS 610 PLYMOUTH MEETING EXEC CAMPUS, #200 STREET ADDRESS CITY-ST-ZIP **PLYMOUTH MEETING PA 19462** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition ARCANGELO, JOSEPH NAME NAME STREET ADDRESS 610 PLYMOUTH MEETING EXEC CAMPUS, #200 STREET ADDRESS PLYMOUTH MEETING PA 19462 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition RAYNOR, DANIEL NAME STREET ADORESS 60 MADISON AVE. SOUTH, SUITE 701 STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10010** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition REISLEY, ROBERT NAME NAME 225 SOUTH 25TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHILADELPHIA PA 19103 CITY-ST-ZIP

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 indicated on this report 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(9/01)