


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90031 035 ***158.75

DOCUMENT # F04000003851			
1. Entity Name SIGA TECHNOLOGIES, INC.			
Principal Place of Business 4380 27TH COURT SW BUILDING 1, SUITE 104 NAPLES, FL 34116		Mailing Address 420 LEXINGTON AVENUE SUITE 408 NEW YORK, NY 10170	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAPKIN, DONALD G	NAME	SLOTKIN, JUDYS.
STREET ADDRESS	35 EAST 62ND STREET	STREET ADDRESS	888 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10021	CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	CEO <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KASTEN, BERNARD L	NAME	CONSTANCE THOMAS N.
STREET ADDRESS	4380 27TH COURT SW	STREET ADDRESS	KRAMER LEVIN - 1177 AVE OF THE AMERICAS
CITY-ST-ZIP	NAPLES, FL 34116	CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	CFO <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KONATICH, THOMAS N	NAME	OZ, MEHMET C.
STREET ADDRESS	18 PLYMOUTH ROAD	STREET ADDRESS	177 FORT WASHINGTON AVE. 7th FL
CITY-ST-ZIP	PORT WASHINGTON, NY 11050	CITY-ST-ZIP	NEW YORK, NY 10032
TITLE	CSO <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HRUBY, DENNIS E PHD	NAME	ROSE, ERICA.
STREET ADDRESS	2262 N.W. INDEPENDENCE HIGHWAY	STREET ADDRESS	177 FORT WASHINGTON AVE. 7th FL
CITY-ST-ZIP	ALBANY, OR 97321	CITY-ST-ZIP	NEW YORK, NY 10032
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTAL, JAMES J	NAME	SAVAS, PAUL G.
STREET ADDRESS	30952 STEEPLECHASE DR.	STREET ADDRESS	35 E 62ND ST
CITY-ST-ZIP	SAN JUAN CAPISTRANO, CA 92675	CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	WEINER, MICHAEL
STREET ADDRESS		STREET ADDRESS	161 FORT WASHINGTON AVE 7th FL
CITY-ST-ZIP		CITY-ST-ZIP	NEW YORK, NY 10032
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Thomas N. Konatich</u>		Date: <u>1/12/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>212 672 9100</u>	



01122006 Chg-P CR2E034 (11/05)

4. FEI Number
13-3864870

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

ATTACHMENT 40006216

704000003851

(Block 11, continued)

D
Mjalli, Adnan M.
4170 Mendenhall Oaks Parkway, Suite 110
High Point, NC 27265

x Addition