

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003293

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: KNOPP NEUROSCIENCES INC.

## Current Principal Place of Business:

2100 WHARTON STREET, STE. 615  
PITTSBURGH, PA 15203

## New Principal Place of Business:

## Current Mailing Address:

2100 WHARTON STREET, STE. 615  
PITTSBURGH, PA 15203

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR. STE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BOZIK, MICHAEL E  
Address: 2100 WHARTON STREET, STE. 615  
City-St-Zip: PITTSBURGH, PA 15203

Title: DSTV ( ) Delete  
Name: HEBRANK, GREGORY T  
Address: 2100 WHARTON STREET, STE. 615  
City-St-Zip: PITTSBURGH, PA 15203

Title: D ( ) Delete  
Name: PETZINGER, THOMAS JR.  
Address: 2100 WHARTON STREET, STE. 615  
City-St-Zip: PITTSBURGH, PA 15203

Title: D ( ) Delete  
Name: MCCORMICK, JEFFREY  
Address: C/O SATURN PARTNERS, 75 FEDERAL STREET  
City-St-Zip: BOSTON, MA 02110

Title: C (X) Delete  
Name: INGERSOLL, EVAN  
Address: 2100 WHARTON STREET, STE. 615  
City-St-Zip: PITTSBURGH, PA 15203

Title: VP (X) Delete  
Name: GRIBKOFF, VALENTINE  
Address: 2100 WHARTON STREET, STE. 615  
City-St-Zip: PITTSBURGH, PA 15203

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY T. HEBRANK

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01/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date