

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003293

FILED
Jan 18, 2012
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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GREGORY T. HEBRANK

TREA

01/18/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date