

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002598

FILED  
Apr 23, 2010  
Secretary of State

Entity Name: ALLOS THERAPEUTICS, INC.

**Current Principal Place of Business:**

11080 CIRCLEPOINTE RD SUITE 200  
WESTMINSTER, CO 80020

**New Principal Place of Business:**

11080 CIRCLEPOINT RD SUITE 200  
WESTMINSTER, CO 80020

**Current Mailing Address:**

11080 CIRCLEPOINTE RD SUITE 200  
WESTMINSTER, CO 80020

**New Mailing Address:**

11080 CIRCLEPOINT RD SUITE 200  
WESTMINSTER, CO 80020

FEI Number: 54-1655029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: C  
Name: HOFFMAN, STEPHEN J  
Address: 1050 WINTER STREET, SUITE 1000  
City-St-Zip: WALTHAM, MA 02451 US

Title: D  
Name: LYNCH, TIMOTHY P  
Address: 11080 CIRCLEPOINT RD SUITE 200  
City-St-Zip: WESTMINSTER, CO 80020 US

Title: D  
Name: LEFF, JONATHAN S  
Address: 450 LEXINGTON AVE  
City-St-Zip: NEW YORK, NY 10017 US

Title: P  
Name: BERNS, PAUL L  
Address: 11080 CIRCLEPOINT RD SUITE 200  
City-St-Zip: WESTMINSTER, CO 80020

Title: VP  
Name: CARUSO, JAMES V  
Address: 302 CARNEGIE CENTER SUITE 102  
City-St-Zip: PRINCETON, NJ 08540 US

Title: S  
Name: GRABOYES, MARC H  
Address: 11080 CIRCLEPOINT RD SUITE 200  
City-St-Zip: WESTMINSTER, CO 80020 US

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: DAVID C. CLARK

VP

04/23/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date