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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90172 046 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000003364**

1. Corporation Name
ROSEMONT PHARMACEUTICAL CORPORATION



Principal Place of Business
**303 S CHEROKEE ST
 DENVER CO 80223
 US**

Mailing Address
**300 S RIVERSIDE PLAZA
 C/O AKZO NOBEL INC
 CHICAGO IL 60606-6697
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22
 23 City & State
 24 Zip 25 Country

2a. Mailing Address
 26 Suite, Apt. #, etc. 27
 28 City & State
 29 Zip 30 Country

3. Date Incorporated or Qualified
07/13/1995

4. FEI Number
22-2784924

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/T	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOVER, GREGORY P	1.2 NAME	WATERS, Donald
STREET ADDRESS	303 S CHEROKEE ST	1.3 STREET ADDRESS	301 S. Cherokee ST.
CITY-ST-ZIP	DENVER CO 80223	1.4 CITY-ST-ZIP	DENVER, CO 80223
TITLE	CONT <input type="checkbox"/> DELETE	2.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAIR, JOHN	2.2 NAME	SAME
STREET ADDRESS	303 S CHEROKEE ST	2.3 STREET ADDRESS	301 S. Cherokee ST.
CITY-ST-ZIP	DENVER CO 80223	2.4 CITY-ST-ZIP	SAME
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSARI, JEFFREY T	3.2 NAME	
STREET ADDRESS	300 S RIVERSIDE PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE: *[Signature]* DATE: **4-8-99** DAYTIME PHONE #: **312-906-7028**

CR2E034 (1/198)

ROSEMONT PHARMACEUTICAL CORPORATION
Federal ID 22-2784924

F95000003364
446983-90172-
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DIRECTORS

<u>NAME</u>	<u>RESIDENT ADDRESS</u>	<u>BUSINESS ADDRESS</u>
Donald Waters	6378 S. Jamaica Court Englewood, CO 80111	C/O Rosemont Pharm. Corp. 301 S. Cherokee Street Denver, CO 80223*
Johan C.C.B. Evers	Dr. W. Dreesstraat 1 5351 CH Berghem The Netherlands	Molenweg 50 P.O. Box 20 5340 BH Oss The Netherlands

OFFICERS

Donald Waters,
President & Treasurer

John Adair,
Corporate Controller

Jeffrey T. Massari,
Secretary

7087 E. Chestnut Hill
Highlands Ranch, CO 80126

8151 Ozark Avenue
Niles, IL 60648

Akzo Nobel Inc.
300 S. Riverside Plaza
Chicago, IL 60606

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