

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90026 022 ***150.00

DOCUMENT # F95000003364

1. Entity 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
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LU004703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 22-2784924		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T WATERS, DONALD 301 S CHEROKEE ST DENVER CO 80223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GONT ADAIR, JOHN 301 S CHEROKEE ST DENVER CO 80223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Johan C.C.B. EVERS Molenweg 50, P.O. Box 20 5340 BH Oss, The Netherlands
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASSARI, JEFFREY T 300 S RIVERSIDE PLAZA CHICAGO IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James J. Jackson Date: 312-906-7078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)

Attachment

Doc # F95000003364

ROSEMONT PHARMACEUTICAL CORPORATION
Federal ID 22-2784924

C0069733

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

Jeffrey T. Massari,
Secretary

505 Grand Blvd.
Park Ridge, IL 60068

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

Rev. 7/26/99