

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90059 048 ***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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number **22-2784924** Applied For Not Applicable

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

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

7. Name and Address of New Registered Agent
 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) **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T WATERS, DONALD 301 S CHEROKEE ST DENVER CO 80223 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASSARI, JEFFREY T 300 S RIVERSIDE PLAZA CHICAGO IL 60606 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERS, JOHAN C.C.B. MOLENWEG 50, PO BOX 20 5340 BH OSS, NETHERLANDS <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Adrian L.M. Sanders Molenweg 50, P.O. Box 20, 5340 BH OSS The Netherlands <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Patrick J. Osinski 7 Livingstone Ave. Dobbs Ferry, NY 10522 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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) 906-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

ATTACHMENT

ROSEMONT PHARMACEUTICAL CORPORATION
FED ID # 22-2784924

F95000003364

DIRECTORS

<u>NAME</u>	<u>RESIDENT ADDRESS</u>	<u>BUSINESS ADDRESS</u>
Adriaan L. M. Sanders	Steenwichtweg 8 5408 PP Uden THE NETHERLANDS	c/o Diosynth b.v. Molenweg 50 P.O. Box 20 5340 BH Oss THE NETHERLANDS
Johan C.C.B. Evers	Dr. W. Dreesstraat 1 5351 CH Berghem THE NETHERLANDS	c/o Diosynth b.v. Molenweg 50 P.O. Box 20 5340 BH Oss THE NETHERLANDS

870252

OFFICERS

President
Johan C.C.B. Evers

Vice-President
Andre Groenewegen

Secretary
Patrick J. Osinski
17 Clark Street
Chatham, NJ 07928

c/o Akzo Nobel Services Inc
7 Livingstone Avenue
Dobbs Ferry, NY 10522-2222

Assistant Secretary
Jeffrey Massari
505 Grand Blvd
Park Ridge, IL 60068

c/o Akzo Nobel Services Inc
300 S. Riverside Plaza
Chicago, IL 60608-6997



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 22, 2002

ROSEMONT PHARMACEUTICAL CORPORATION
300 S RIVERSIDE PLAZA
C/O AKZO NOBEL INC
CHICAGO, IL 60606-6697 US

Subject: ROSEMONT PHARMACEUTICAL CORPORATION

Reference Number: F95000003364

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RG
ANNUAL REPORTS SECTION

6-11-02
Enclosed is check for \$150 made payable to FL Dept. of State. Also enclosed is annual report.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Attachment
51033
correct
Vendor
870252
Correction
done
6/17/02
M Adams