

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90067 026 \*\*\*150.00

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**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**

11000000



2. Principal Place of Business

3. Mailing Address  
**525 W. Van Buren**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Chicago, IL**

4. FEI Number **22-2784924**

Applied For

Not Applicable

Zip

Country

Zip  
**60607-3823**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERS, ADRIAAN L. M.</b>	NAME	
STREET ADDRESS	<b>MOLENWEG 50, PO BOX 20, 5340</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>THE NETHERLANDS BH- 055</b>	CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASSARI, JEFFREY T</b>	NAME	
STREET ADDRESS	<b>300 S RIVERSIDE PLAZA</b>	STREET ADDRESS	<b>525 W. Van Buren</b>
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	CITY-ST-ZIP	<b>Chicago, IL 60607-3823</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVERS, JOHAN C.C.B.</b>	NAME	
STREET ADDRESS	<b>MOLENWEG 50, PO BOX 20</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>5340 BH OSS, NETHERLANDS</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSINSKI, PATRICK J</b>	NAME	
STREET ADDRESS	<b>7 LIVINGSTONE AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DOBBS FERRY NY 10522</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED** **JAMES J. JACKSON** 4-14-03 (312) 544-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment #

ROSEMONT PHARMACEUTICAL CORPORATION  
FED ID # 22-2784924

110011635  
F95000003364

**DIRECTORS**

<b><u>NAME</u></b>	<b><u>RESIDENT ADDRESS</u></b>	<b><u>BUSINESS ADDRESS</u></b>
Adriaan L. M. Sanders	Steenwichtweg 8 5406 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

**OFFICERS**

***President***

Johan C.C.B. Evers

***Vice-President***

Andre Groenewegen

Riddersdal 11  
3090 Overijse  
BELGIUM

c/o Rosemont Pharmaceuticals Ltd.  
Rosemont House  
Yorkdale Industrial Park  
Braithwaite Street  
Leeds LS11 9XE

***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  
525 W. Van Buren  
Chicago, IL 60607

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