

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90023 034 ***150.00

DOCUMENT # F95000005305

1. Entity Name
SCANDIPHARM, INC.

00028817



DO NOT WRITE IN THIS SPACE

Principal Place of Business 22 INVERNESS CENTER PKWY SUITE 310 AL 35242	Mailing Address 22 INVERNESS CENTER PKWY SUITE 310 BIRMINGHAM AL 35242-4887
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 23-2639766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO STIBLING, TOM 22 INVERNESS CENTER PKWY STE 310 BIRMINGHAM AL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGC MCGRUFF, LAURIE 22 INVERNESS CENTER PKWY STE 310 BIRMINGHAM AL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PITTMAN, RANDY, 22 INVERNESS CTR PKWY., STE. 310 BIRMINGHAM AL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIMS, DAVID 22 INVERNESS CENTER PKWY STE 310 BIRMINGHAM AL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O,BRIEN, JACK 22 INVERNESS CENTER PKWY STE 310 BIRMINGHAM AL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADDOX, RUSSELL 22 INVERNESS CENTER PKWY STE 310 BIRMINGHAM AL	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

See Attached List

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: **Bob Booth** Date: **2/22/00** Daytime Phone #: **(205) 991-8085**
 Pres. + G.M.

CR2E034 (9/99)

Attachment
COD28817

F 95000005305

**SCANDIPHARM, INC.
OFFICERS OF THE COMPANY**

Léon F. Gosselin

President & CEO

AXCAN Pharma, Inc.

597, boul. Laurier

Mont-Saint-Hilaire

Québec, CANADA J3H 4X8

Tel: (450)467-5138

FAX: (450)464-9979

John R. (Bob) Booth

President and General Manager

Scandipharm, Inc.

22 Inverness Center Parkway, Suite #310

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Tel: (205)991-8085

FAX: (205)991-8176

Martha Donze

Vice President, Corporate Administration

Scandipharm, Inc.

22 Inverness Center Parkway, Suite #310

Birmingham, AL 35242

Tel: (205)991-8085

FAX: (205)991-0639

Attachment
0028817
F 95000005305

**SCANDIPHARM, INC.
BOARD OF DIRECTORS, 1999**

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597, boul. Laurier
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