

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90355 005 \*\*\*150.00

**DOCUMENT # F95000005305**

1. Entity Name  
**SGANDIPHARM, INC. Axcan Scandipharm, Inc.**

Principal Place of Business <b>22 INVERNESS CENTER PKWY          SUITE 310          BIRMINGHAM AL 35242</b>	Mailing Address <b>22 INVERNESS CENTER PKWY          SUITE 310          BIRMINGHAM AL 35242</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>23-2639766</b>	Applied For <input type="checkbox"/> Not Applicable
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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
State <b>FL</b> 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, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO GOSSELLA, LEON F 597 BOUL LAURIER MONT-SAINT-HILAIRE QB</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO MIMS, DAVID W 1200 CORPORATE DR BIRMINGHAM AL 35242</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DBD BOLDUC, BERTRAND 597 BOUL LAURIER MONT-SAINT-HALAIRE QB J3H- 4X8</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MADDOX, RUSSELL H 3899 LOCKERBIE DRIVE BIRMINGHAM AL 35233</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MALLET, COLLIN R 232-2628 GRANDVILLE ST VANCOUVER BC V6H- 3H8</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LACASSE, LOUIS P 1001 BOUL DE MAISONNEUVE OUSET BUREAU 920 MONTREAL QC H3A- 3C8</b> <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"/> Change <input type="checkbox"/> Addition
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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 reports 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   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Bob Booth 2/28/01 (205) 991-8085**  
Pres. + G.M. Date Daytime Phone #

CR2E034 (10/00)

Attachment Doc # F95060005305  
C0031484

**Axcan 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

Birmingham, AL 35242

Tel: (205)991-8085

FAX: (205)991-8176

**Martha Donze**

Vice President, Corporate Administration

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