## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## **FILED** DOCUMENT # **F99000004505** Apr 03, 2000 8:00 am Secretary of State APOTEX CORP. 04-03-2000 90171 024 \*\*\*150.00 Principal Place of Business Mailing Address C/O 150 SIGNET DRIVE C/O 150 SIGNET DRIVE WESTON, ONTARIO WESTON, ONTARIO CANADA M9L 1T9 CANADA M9L 1T9 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-3661214 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition CD ☐ Change TITLE ☐ Delete TITLE NAME SHERMAN, BERNARD C NAME STREET ADDRESS 150 SIGNET DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON, ONTARIO, CANADA Change ☐ Addition ☐ Delete TITLE NAME MCINTIRE, TAMMY STREET ADDRESS 150 SIGNET DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON, ONTARIO, CANADA Change ☐ Addition ☐ Delete TITLE TITLE GLASENBERG, ALEX NAME NAME STREET ADDRESS 150 SIGNET DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON, ONTARIO, CANADA ☐ Change Addition TITI F ☐ Delete TITLE KAY, JACK NAME NAME STREET ADDRESS 150 SIGNET DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON, ONTARIO, CANADA ☐ Addition ☐ Change TITLE ☐ Delete TITLE SANDLER, MANNY NAME NAME STREET ADDRESS 150 SIGNET DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON, ONTARIO, CANADA ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 appreciation of the corporation of