

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT

19968-1296

B-7732 C

DOCUMENT # **H33345** (0)

1. Corporation Name
THERAKOS, INC.

cdw



Principal Place of Business
**201 BRANDYWINE PKWY.
 W. CHESTER PA 19380**

Mailing Address
**201 BRANDYWINE PKWY.
 W. CHESTER PA 19380**

3. Date Incorporated or Qualified **12/10/1984**
 3a. Date of Last Report **06/20/1995**

2. Principal Place of Business
 21 **437 CREAMERY WAY**
 Suite, Apt #, etc

2a. Mailing Address
 26 **437 CREAMERY WAY**
 Suite, Apt #, etc

22 City & State
EXTON PA

27 City & State
EXTON, PA

23 Zip **19341** Country **USA**

28 Zip **19341** Country **USA**

4. FEI Number **22-2575957**
 Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDER, H M	12 NAME	
STREET ADDRESS	12 LONG DR	13 STREET ADDRESS	
CITY - ST - ZIP	DOWNTOWN PA	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACLEAN, J. S.	22 NAME	
STREET ADDRESS	5 WATERCROFT CIRCLE	23 STREET ADDRESS	
CITY - ST - ZIP	DOWNTOWN PA	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALO, R R	32 NAME	
STREET ADDRESS	ONE JOHNSON & JOHNSON PLACE	33 STREET ADDRESS	
CITY - ST - ZIP	NEW BRUNSWICK PA	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCULLEY, M.B.	42 NAME	
STREET ADDRESS	ONE JOHNSON & JOHNSON PLZ	43 STREET ADDRESS	
CITY - ST - ZIP	NEW BRUNSWICK, NJ.	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCULLEY, M B	52 NAME	
STREET ADDRESS	ONE JOHNSON & JOHNSON PLACE	53 STREET ADDRESS	
CITY - ST - ZIP	NEW BRUNSWICK PA	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, S P	62 NAME	
STREET ADDRESS	ONE JOHNSON & JOHNSON PLACE	63 STREET ADDRESS	
CITY - ST - ZIP	NEW BRUNSWICK PA	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 51 TITLE **T**
 52 NAME **CAMP, W.P.**
 53 STREET ADDRESS **430 OAK LAKE**
 54 CITY - ST - ZIP **MOYLAN, PA**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 7 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *W.P. Camp* **W.P. CAMP** **7/2/96** **610280-1002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)