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Mar 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H33345 (0)

1. Corporation Name  
THERAKOS, INC.



Principal Place of Business: 437 CREAMERY WAY, EXTON PA 19341, US  
Mailing Address: 437 CREAMERY WAY, EXTON PA 19341-2508, US

3. Date Incorporated or Qualified: 12/10/1984  
3a. Date of Last Report: 08/12/1996  
4. FEI Number: 22-2575957  
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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30 Country

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  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | VD <input type="checkbox"/> DELETE           | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WALDER, H M                                  | 1.2 NAME  |  |
| STREET ADDRESS             | 12 LONG DR                                   | 1.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             | DOWNTOWN PA                                  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PD <input type="checkbox"/> DELETE           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MACLEAN, J. S.                               | 2.2 NAME  |  |
| STREET ADDRESS             | 5 WATERCROFT CIRCLE                          | 2.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             | DOWNTOWN PA                                  | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | S <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | PALO, R R                                    | 3.2 NAME  |  |
| STREET ADDRESS             | ONE JOHNSON & JOHNSON PLACE                  | 3.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             | NEW BRUNSWICK PA                             | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | S <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MCCULLEY, M.B.                               | 4.2 NAME  |  |
| STREET ADDRESS             | ONE JOHNSON & JOHNSON PLZ                    | 4.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             | NEW BRUNSWICK, NJ.                           | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | S <input checked="" type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | MCCULLEY, M B                                | 5.2 NAME  | T Campi, W. P.   |
| STREET ADDRESS             | ONE JOHNSON & JOHNSON PLACE                  | 5.3 STREET ADDRESS                                    | 430 Oak Lane   |
| CITY-STATE-ZIP             | NEW BRUNSWICK PA                             | 5.4 CITY-ST-ZIP                                       | Moylan, PA   |
| TITLE                      | S <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BERMAN, S P                                  | 6.2 NAME  |  |
| STREET ADDRESS             | ONE JOHNSON & JOHNSON PLACE                  | 6.3 STREET ADDRESS                                    |  |
| CITY-STATE-ZIP             | NEW BRUNSWICK PA                             | 6.4 CITY-ST-ZIP                                       |  |

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *W.P. Campi* W.P. Campi 3/11/97 (610) 280-1002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)