

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 12/10/1984	4. FEI Number 22-2575957	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NOTIF Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALDER, H M	
STREET ADDRESS	12 LONG DR	
CITY-ST-ZIP	DOWNTOWN PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MACLEAN, J. S.	
STREET ADDRESS	5 WATERROFT CIRCLE	
CITY-ST-ZIP	DOWNTOWN PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PALO, R R	
STREET ADDRESS	ONE JOHNSON & JOHNSON PLACE	
CITY-ST-ZIP	NEW BRUNSWICK PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCCULLEY, M.B.	
STREET ADDRESS	ONE JOHNSON & JOHNSON PLZ	
CITY-ST-ZIP	NEW BRUNSWICK, NJ.	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CAMPI, W.P.	
STREET ADDRESS	430 OAK LANE	
CITY-ST-ZIP	MOYLAN PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BERMAN, S P	
STREET ADDRESS	ONE JOHNSON & JOHNSON PLACE	
CITY-ST-ZIP	NEW BRUNSWICK PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 of in attachment with an address.

SIGNATURE: *H.P. Campi* *W.P. Campi* *2/27/98*

CP2E034 (10/97)