

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

000811

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90092 024 ***150.00

DOCUMENT # H33345

1. Corporation Name
THERAKOS, INC.

Principal Place of Business Mailing Address
437 CREAMERY WAY 437 CREAMERY WAY
EXTON PA 19341 EXTON PA 19341
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

3. Date Incorporated or Qualified
12/10/1984
4. FEI Number Applied For
22-2575957 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 owes the current year Intangible Personal Property Tax. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 WATERCROFT 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 checked="" 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	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	S.L. Vinson	
1.3 STREET ADDRESS	437 Creamery Way	
1.4 CITY-ST-ZIP	Exton, PA 19341	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

Date

(610) 280-1002

Daytime Phone #

CRZE034 (1/98)