

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90051 042 ***150.00

DOCUMENT # H33345

1. Entity Name
THERAKOS, INC.

Principal Place of Business

Mailing Address

437 CREAMERY WAY
 EXTON PA 19341
 US

437 CREAMERY WAY
 EXTON PA 19341-2508
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-2575957**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	WALDER, H M	
STREET ADDRESS	12 LONG DR	
CITY-ST-ZIP	DOWNINGTOWN PA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MACLEAN, J. S.	
STREET ADDRESS	5 WATERCROFT CIRCLE	
CITY-ST-ZIP	DOWNINGTOWN 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	AT	<input checked="" type="checkbox"/> Delete
NAME	VINSON, S L	
STREET ADDRESS	437 CREAMERY WAY	
CITY-ST-ZIP	EXTON PA 19341	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERMAN, S P	
STREET ADDRESS	ONE JOHNSON & JOHNSON PLACE	
CITY-ST-ZIP	NEW BRUNSWICK PA	

TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R.E. Sharak	
STREET ADDRESS	20 Michael Way	
CITY-ST-ZIP	Pennington, N.J. 08534	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 address, with all other like empowered.

SIGNATURE:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2000 (600) 280-1002
 Date Daytime Phone #

CR2E034 (9/99)