

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91160 027 ****61.25

DOCUMENT # N20289

1. Entity Name

INTERNATIONAL ASSOCIATION FOR RESEARCH ON EPSTEI

Principal Place of Business

Mailing Address

C/O NANCY RAAB-TRAUB
 325 LINEBERGER CB #7295
 CHAPEL HILL NC 27599-7295
 US

C/O NANCY RAAB-TRAUB
 325 LINEBERGER CB #7295
 CHAPEL HILL NC 27599-7295
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2821283

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAU, RAYMOND Y.
10900 ROOSEVELT BLVD. NORTH
ST. PETERSBURG FL 33716

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---|---------------------------------|
| TITLE NAME | PD MILLER, GEORGE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 222 CEDAR ST., YALE SCHOOL OF MEDICINE | |
| CITY-ST-ZIP | NEW HAVEN CT | |
| TITLE NAME | D ERNBERG, INGEMAR | <input type="checkbox"/> Delete |
| STREET ADDRESS | KAROLINSKA INSTITUTE | |
| CITY-ST-ZIP | STOCKHOLM SW | |
| TITLE NAME | D FARREL, PAUL | <input type="checkbox"/> Delete |
| STREET ADDRESS | LUDWIG INST., NORFOLD PLACE, PADDINGTON | |
| CITY-ST-ZIP | LONDON W21PG UK | |
| TITLE NAME | D RAAB-TRAUB, NANCY | <input type="checkbox"/> Delete |
| STREET ADDRESS | UNIVERSITY IF NC AT CHAPEL HILL | |
| CITY-ST-ZIP | CHAPEL HILL NC | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

April 25, 2001 (919) 966-1701
 Date Daytime Phone #

CR2E037 (10/00)