

**ANNUAL REPORT  
1995**

Division of Corporations  
Secretary of State

FILED

95 MAY -1 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01178 (3)**

1. Corporation Name  
**DOW HICKAM PHARMACEUTICALS INC.**

Principal Place of Business      Mailing Address  
**10410 CORPORATE DR  
SUGAR LAND TX 77478  
US**                                      **PO BOX 2006  
SUGAR LAND TX 77487  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/09/1984**                                      **05/01/1994**

4. FEI Number      Applied For  
**74-1486230**                                      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 has liability for intangible tax under S. 189.032,  
Florida Statutes       Yes       No

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

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE      **P**  
NAME      **RICHARDSON, WILLIAM**  
STREET ADDRESS      **10410 CORPORATE DRIVE**  
CITY - ST - ZIP      **SUGAR LAND TX**

TITLE      **VPST**  
NAME      **SATTER, DAVID M**  
STREET ADDRESS      **10410 CORPORATE DRIVE**  
CITY - ST - ZIP      **SUGAR LAND TX**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE       Change       Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE       Change       Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE       Change       Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE       Change       Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE       Change       Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE       Change       Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:** *David Satter*      **David Satter**      **Feb. 17, 1995**      **(713)240-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Typed Name)