

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90094 005 \*\*\*150.00

DOCUMENT # P01178

1. Entity Name

**BERTEK PHARMACEUTICALS INC.**

Principal Place of Business

Mailing Address

10410 CORPORATE DR  
 SUGAR LAND TX 77478  
 US

P O BOX 5047  
 SUGAR LAND TX 77487-5047  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**74-1486230**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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	P	<input type="checkbox"/> Delete
NAME	<b>RICHARDSON, WILLIAM</b>	
STREET ADDRESS	<b>10410 CORPORATE DRIVE</b>	
CITY-ST-ZIP	<b>SUGAR LAND TX</b>	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	<b>SATTER, DAVID M</b>	
STREET ADDRESS	<b>10410 CORPORATE DRIVE</b>	
CITY-ST-ZIP	<b>SUGAR LAND TX</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>CHRISTENSEN, ED</b>	
STREET ADDRESS	<b>3711 COLLINS FERRY RD</b>	
CITY-ST-ZIP	<b>MORGANTOWN WV 26505</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>BROOKS, PAUL</b>	
STREET ADDRESS	<b>4814 TRAILWOOD</b>	
CITY-ST-ZIP	<b>SUGAR LAND TX 77478</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>DICKEY, DEWAYNE</b>	
STREET ADDRESS	<b>9658 BEVERLY HILL</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77063</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>PUSKAR, MIKE</b>	
STREET ADDRESS	<b>508 WALNUT BEND</b>	
CITY-ST-ZIP	<b>MORGANTOWN WV 26505</b>	

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

*William Richardson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William Richardson* 3/24/00 281-240-1000  
 Date Daytime Phone #

CR2E034 (9/99)