

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90431 022 ***150.00

DOCUMENT # P01178

1. Entity Name
BERTEK PHARMACEUTICALS INC.

Principal Place of Business Mailing Address
10410 CORPORATE DR **P O BOX 5047**
SUGAR LAND TX 77478 **SUGAR LAND TX 77487**
US **US**

2. Principal Place of Business 3. Mailing Address
530 Davis Dr. **P.O. Box 14149**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Morrisville, NC **Research Triangle Park NC**
 Zip Country Zip Country
27560-6833 **USA** **27709-4149** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **74-1486230** Applied For
 Not Applicable

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	VP sales	<input type="checkbox"/> Delete
NAME	RICHARDSON, WILLIAM	
STREET ADDRESS	10410 CORPORATE DRIVE.	
CITY-ST-ZIP	SUGAR LAND TX	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	SATTER, DAVID M	
STREET ADDRESS	10410 CORPORATE DRIVE	
CITY-ST-ZIP	SUGAR LAND TX	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHRISTENSEN, ED	
STREET ADDRESS	3711 COLLINS FERRY RD	
CITY-ST-ZIP	MORGANTOWN WV 26505	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, PAUL	
STREET ADDRESS	4814 TRAILWOOD	
CITY-ST-ZIP	SUGAR LAND TX 77478	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DICKEY, DEWAYNE	
STREET ADDRESS	9658 BEVERLY HILL	
CITY-ST-ZIP	HOUSTON TX 77063	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUSKAR, MIKE	
STREET ADDRESS	508 WALNUT BEND	
CITY-ST-ZIP	MORGANTOWN WV 26505	

TITLE	VP - Sales	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	530 Davis Dr.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	530 Davis Dr.	
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Mauzey	
STREET ADDRESS	530 Davis Dr.	
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: *Bill Richardson* **Bill Richardson** Date: **2/19/01** Daytime Phone #: **800 231-3052**

UBR0359

CR2E034 (10/00)