

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91305 028 ***150.00

0622845 AT

DOCUMENT # P01178



1. Entity Name
BERTEK PHARMACEUTICALS INC.

Principal Place of Business
**530 DAVIS DR
MORRISVILLE NC 27560-6833
US**

Mailing Address
**P O BOX 14149
RESEARCH TRIANGLE PARK NC 27709-4149
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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	RICHARDSON, WILLIAM	
STREET ADDRESS	530 DAVIS DRIVE	
CITY-ST-ZIP	MORRISVILLE NC 27560	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SATTER, DAVID M	
STREET ADDRESS	530 DAVIS DRIVE	
CITY-ST-ZIP	MORRISVILLE NC 27560	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAUZEY, JAMES	
STREET ADDRESS	530 DAVIS DRIVE	
CITY-ST-ZIP	MORRISVILLE NC 27560	
TITLE	S	<input type="checkbox"/> Delete
NAME	SUMMERS, LEAH	
STREET ADDRESS	781 CHESTNUT RIDGE RD	
CITY-ST-ZIP	MORGANTOWN WV 26505	
TITLE	C	<input type="checkbox"/> Delete
NAME	PUSKAR, MIKE	
STREET ADDRESS	781 CHESTNUT RIDGE RD	
CITY-ST-ZIP	MORGANTOWN WV 26505	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T Gary Sphar	
STREET ADDRESS	781 Chestnut Ridge Rd	
CITY-ST-ZIP	Morgantown, WV 26505	

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 supplement 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 10 or Block 11 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

4-14-03 **919-991-9800**
Date Daytime Phone #