

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 08 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P36521 (3)**  
1. Corporation Name  
**U.S. BIOSCIENCE, INC.**



Principal Place of Business: **ONE TOWER BRIDGE 100 FRONT STREET WEST CONSHOHOCKEN PA 19428**  
Mailing Address: **ONE TOWER BRIDGE 100 FRONT STREET WEST CONSHOHOCKEN PA 19428-2800**

3. Date Incorporated or Qualified: **12/04/1991**  
3a. Date of Last Report: **04/09/1996**

21. Principal Place of Business	22a. Mailing Address	4. FEI Number	Applied For
<b>ONE TOWER BRIDGE 100 FRONT STREET WEST CONSHOHOCKEN PA 19428</b>	<b>ONE TOWER BRIDGE 100 FRONT STREET WEST CONSHOHOCKEN PA 19428-2800</b>	<b>23-2460100</b>	<input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. City & State	28. City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24. Zip	29. Zip		
25. Country	30. Country		

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHEIN, PHILIP</b>	1.2 NAME	<b>C. Boyd CLARKE</b>
STREET ADDRESS	<b>100 FRONT ST</b>	1.3 STREET ADDRESS	<b>100 FRONT STREET</b>
CITY-ST-ZIP	<b>W. CONSHOHOCKEN PA</b>	1.4 CITY-ST-ZIP	<b>WEST CONSHOHOCKEN PA</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KRIEBEL, ROBERT</b>	2.2 NAME	<b>PAUL CALABRESI</b>
STREET ADDRESS	<b>100 FRONT STREET</b>	2.3 STREET ADDRESS	<b>100 FRONT STREET</b>
CITY-ST-ZIP	<b>W. CONSHOHOCKEN PA</b>	2.4 CITY-ST-ZIP	<b>WEST CONSHOHOCKEN PA</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MANNING, MARTHA E</b>	3.2 NAME	<b>DOUGLAS McMAHON</b>
STREET ADDRESS	<b>100 FRONT ST</b>	3.3 STREET ADDRESS	<b>100 FRONT STREET</b>
CITY-ST-ZIP	<b>W. CONSHOHOCKEN PA</b>	3.4 CITY-ST-ZIP	<b>WEST CONSHOHOCKEN PA</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MISHER, ALLEN</b>	4.2 NAME	<b>ELLEN SIGAL</b>
STREET ADDRESS	<b>100 FRONT STREET</b>	4.3 STREET ADDRESS	<b>100 FRONT STREET</b>
CITY-ST-ZIP	<b>W. CONSHOHOCKEN PA</b>	4.4 CITY-ST-ZIP	<b>WEST CONSHOHOCKEN PA</b>
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHACKNAI, JONAN</b>	5.2 NAME	<b>BETSY WRIGHT</b>
STREET ADDRESS	<b>100 FRONT ST</b>	5.3 STREET ADDRESS	<b>100 FRONT STREET</b>
CITY-ST-ZIP	<b>W. CONSHOHOCKEN PA</b>	5.4 CITY-ST-ZIP	<b>WEST CONSHOHOCKEN PA</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPIZZI, ROBERT</b>	6.2 NAME	
STREET ADDRESS	<b>100 FRONT STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. CONSHOHOCKEN PA</b>	6.4 CITY-ST-ZIP	

14. I do 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 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: \_\_\_\_\_ DATE: **4/25/97** DAYTIME PHONE #: **(610) 832-4939**

CR2E034 (9/96)