

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90058 010 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P36521**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/04/1991</b>	
21		26		4. FEI Number <b>23-2460100</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip		29 Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	C	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHEIN, PHILIP			1.2 NAME			
STREET ADDRESS	100 FRONT ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	W CONSHOHOCKEN PA			1.4 CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRIEBEL, ROBERT			2.2 NAME			
STREET ADDRESS	100 FRONT STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	W. CONSHOHOCKEN PA			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCMASTER, DOUGLAS			3.2 NAME			
STREET ADDRESS	100 FRONT STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	WEST CONSHOHOCKEN PA			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MISHER, ALLEN			4.2 NAME			
STREET ADDRESS	100 FRONT STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	W. CONSHOHOCKEN PA			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WRIGHT, BETTY			5.2 NAME			
STREET ADDRESS	100 FRONT ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	W. CONSHOHOCKEN PA			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAPIZZI, ROBERT			6.2 NAME			
STREET ADDRESS	100 FRONT STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	W. CONSHOHOCKEN PA			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: **3/4/99** Daytime Phone #: **(610) 832-4939**

CR2E034 (11/98)

DOC - P 36521 (23126-90058-10)  
**U.S. BIOSCIENCE, INC.**  
**PROFIT CORPORATION ANNUAL REPORT**  
**DOCUMENT # P36521**

**Continuation of # 12 - Officers and Directors**

Title:	P/D
Name:	CLARKE, C. BOYD
Street Address:	100 FRONT ST
City - St - Zip:	W CONSHOHOCKEN PA 19428
Title:	D
Name:	DOVEY, BRAIN
Street Address:	100 FRONT ST
City - St - Zip:	W CONSHOHOCKEN PA 19428
Title:	D
Name:	CALABRESI, PAUL
Street Address:	100 FRONT ST
City - St - Zip:	W CONSHOHOCKEN PA 19428
Title:	D
Name:	OHYE, GEORGE
Street Address:	100 FRONT ST
City - St - Zip:	W CONSHOHOCKEN PA 19428
Title:	V
Name:	MANNING, MARTHA
Street Address:	100 FRONT ST
City - St - Zip:	W CONSHOHOCKEN PA 19428
Title:	V
Name:	OSTER, WOLFGANG
Street Address:	100 FRONT ST
City - St - Zip:	W CONSHOHOCKEN PA 19428
Title:	V
Name:	BAUSINGER, MARK
Street Address:	100 FRONT ST
City - St - Zip:	W CONSHOHOCKEN PA 19428
Title:	V
Name:	DEPTULA, BARBARA
Street Address:	100 FRONT ST
City - St - Zip:	W CONSHOHOCKEN PA 19428
Title:	V
Name:	FORD, H. CHARLES
Street Address:	100 FRONT ST
City - St - Zip:	W CONSHOHOCKEN PA 19428
Title:	V
Name:	MYERS, ROBERT
Street Address:	100 FRONT ST
City - St - Zip:	W CONSHOHOCKEN PA 19428