

DOCUMENT # P39100

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90085 042 ***150.00



DO NOT WRITE IN THIS SPACE

1. Entity Name
KERLIM INCORPORATED

Principal Place of Business Mailing Address
C/O WILLIAM ATTERBURY **C/O WILLIAM ATTERBURY**
321 ROYAL POINCIANA PLAZA **321 ROYAL POINCIANA PLAZA**
PALM BEACH FL 33480 **PALM BEACH FL 33480**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0333389** 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

ATTERBURY, WILLIAM
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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. (See criteria on back)

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	PD	<input type="checkbox"/> Delete
NAME	FUCHS, LOUIS	
STREET ADDRESS	%IMMUNO AG MUEHLEBACHSTR	
CITY-ST-ZIP	ZURICH, SWITZERLAND	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FUCHS, ROLF	
STREET ADDRESS	%IMMUNO AG MUEHLEBACHSTR	
CITY-ST-ZIP	ZURICH, SWITZERLAND	
TITLE	S	<input type="checkbox"/> Delete
NAME	ATTERBURY, WILLIAM W,III	
STREET ADDRESS	321 ROYAL POINCIANA PL.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUCHS, MARTHA	
STREET ADDRESS	%IMMUNO AG MUEHLEBACHSTR	
CITY-ST-ZIP	ZURICH, SWITZERLAND	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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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: _____ DATE: **1/8/01** DAYTIME PHONE #: **561-659-1720**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)