

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90308 028 \*\*\*150.00

**DOCUMENT # P39100**

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0333389		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>ATTERBURY, WILLIAM</b> <b>321 ROYAL POINCIANA PLAZA</b> <b>PALM BEACH FL 33480</b>				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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCHS, LOUIS		NAME		
STREET ADDRESS	%IMMUNO AG MUEHLEBACHSTR		STREET ADDRESS		
CITY-ST-ZIP	ZURICH, SWITZERLAND		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCHS, ROLF		NAME	Fuchs, Rolf	
STREET ADDRESS	%IMMUNO AG MUEHLEBACHSTR		STREET ADDRESS	Lenzenwiesstrasse 3	
CITY-ST-ZIP	ZURICH, SWITZERLAND		CITY-ST-ZIP	Zollikon, Switzerland	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATTERBURY, WILLIAM W,III		NAME		
STREET ADDRESS	321 ROYAL POINCIANA PL.		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUCHS, MARTHA		NAME	Fuchs, Martha	
STREET ADDRESS	%IMMUNO AG MUEHLEBACHSTR		STREET ADDRESS	Zurichstrasse 9	
CITY-ST-ZIP	ZURICH, SWITZERLAND		CITY-ST-ZIP	Kusnacht, Switzerland	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** \_\_\_\_\_ **1-14-02** (561) 659-1770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)