2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P98000060855** 1. Entity Name REXALL SHOWCASE TAIWAN, INC. 04-25-2001 90025 044 ***150.00 Principal Place of Business Mailing Address 6111 BROKEN SOUND PARKWAY, NW 6111 BROKEN SOUND PARKWAY, NW **BOCA RATON FL 33487** BOCA RATON FL 33487 2. Principal Place of Business 3. Mailing Address 748 N. 1340 W., Attn. Legal Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 23-1302744 Orem, UT Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 84057 Utah Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name G. Paulo Bangerter WEBSTER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 853 Broken Sound Parkway, N.W. 6111 BROKEN SOUND PARKWAY, NW **BOCA RATON FL 33487** Zip Code 33487-3694 Boca Raton, 8. The above named entity aubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. G. Paulo B ngerter 4/15/01 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CEOD Delete TITLE Change NAME DESANTIS, DAMON NAME Richard Bizzaro STREET ADDRESS STREET ADDRESS 853 BROKEN SOUND PARKWAY NORTHWEST 748 N. 1340 W. CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33487 Orem, UT 84057 TITLE ☐ Delete TITLE ☐ Change NAME NAME G. Paulo Bangerter STREET ADDRESS STREET ADDRESS 748 N. 1340 W. CITY-ST-ZIP CITY-ST-7IP Ocem, HT 84057 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME Aaron Webber STREET ADDRESS STREET ADDRESS 748 N. 1340 W. CITY-ST-ZIP CITY-ST-7IP Orem. UT 84057 TITLE Delete TITLE X Addition NAME NAME Brian Calvarese STREET ADDRESS STREET ADDRESS 748 N. 1340 W. CITY-ST-ZIP CITY-ST-71P Oreш, UT 84057 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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 trastee 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.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Paulo Bangerter, Secretary

4/15/01 (801) 226-2600

Daytime Phone #