FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 7:47
SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1991
3a. Date of Last Report: 04/05/1994
4. FEI Number: 23-2460100 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~	1 TITLE	C ☐ Change ☑ Addition
NAME	~~MCLAUCHLAN, RUSSELL~~	1 NAME	PHILIP SCHEIN
STREET ADDRESS	~~100 FRONT STREET~~	1 STREET ADDRESS	100 FRONT ST
CITY-ST-ZIP	~~W. CONSHOHOCKEN PA~~	1 CITY-ST-ZIP	WEST CONSHOHOCKEN PA 19428
TITLE	VTD	2 TITLE	☐ Change ☐ Addition
NAME	KRIEBEL, ROBERT	2 NAME	
STREET ADDRESS	100 FRONT STREET	2 STREET ADDRESS	
CITY-ST-ZIP	W. CONSHOHOCKEN PA	2 CITY-ST-ZIP	
TITLE	S	3 TITLE	☐ Change ☐ Addition
NAME	MANNING, MARTHA E	3 NAME	
STREET ADDRESS	100 FRONT ST	3 STREET ADDRESS	
CITY-ST-ZIP	W. CONSHOHOCKEN PA	3 CITY-ST-ZIP	
TITLE	D	4 TITLE	☐ Change ☐ Addition
NAME	MISHER, ALLEN	4 NAME	
STREET ADDRESS	100 FRONT STREET	4 STREET ADDRESS	
CITY-ST-ZIP	W. CONSHOHOCKEN PA	4 CITY-ST-ZIP	
TITLE	D	5 TITLE	☐ Change ☐ Addition
NAME	SHACKNAI, JONAN	5 NAME	
STREET ADDRESS	100 FGRONT ST	5 STREET ADDRESS	
CITY-ST-ZIP	W. CONSHOHOCKEN PA	5 CITY-ST-ZIP	
TITLE	~~D~~	6 TITLE	VD ☑ Change ☐ Addition
NAME	~~GORDON, MAXWELL~~	6 NAME	ROBERT CAPIZZI
STREET ADDRESS	~~100 FRONT STREET~~	6 STREET ADDRESS	100 FRONT STREET
CITY-ST-ZIP	~~W. CONSHOHOCKEN PA~~	6 CITY-ST-ZIP	WEST CONSHOHOCKEN PA 19428

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] MARK BAUGESER CONTROLLER 4/26/95 (610) 832-4939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0474281 FP