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JOSEPH J. COLLOPY  
TERESA MAGEE

IRA S. PIMM, JR.  
CONSULTANT

## Corporation Guarantee and Trust Company

TWO GREENWOOD SQUARE, SUITE 110  
3331 STREET ROAD, BENSALEM, PA 19020  
TELEPHONES: (800) 563-6131 • (215) 633-8144  
FAX (215) 633-8160  
E-MAIL: info@cgtco.com

February 19, 2004

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**RE: PHARM/DUR, INC.**

Dear Sir or Madam:

Enclosed is duplicate Application for Authority of the above company for filing with your office, together with Certificate of Good Standing and our \$78.75 check to cover filing fees.

Please send your usual acknowledgment and receipt to this office when the filing has been completed. Thank you.

Cordially yours,



Joseph J. Collopy  
Vice-President

JJC/mag

Enclosures

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. PHARM/DUR, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE 3. 23-2690323  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JUNE 15, 1992 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1419 OREGON AVENUE, PHILADELPHIA, PA 19145  
(Principal office address)  
1419 OREGON AVENUE, PHILADELPHIA, PA 19145  
(Current mailing address)
8. PHARMACEUTICAL REVENUES  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: EDWIN F. BLANTON  
Office Address: 825 THOMASVILLE ROAD  
TALLAHASSEE, Florida 32303  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: ANTHONY SPAY

Address: 1419 OREGON AVENUE, PHILADELPHIA, PA 19145

Vice Chairman: RONALD NIGHSWANDER

Address: 1419 OREGON AVENUE, PHILADELPHIA, PA 19145

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: ANTHONY SPAY

Address: 1419 OREGON AVENUE, PHILADELPHIA, PA 19145

Vice President: RONALD NIGHSWANDER

Address: 1419 OREGON AVENUE, PHILADELPHIA, PA 19145

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Ronald Nighswander C.O.O.  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. RONALD S. NIGHSWANDER C.O.O.  
(Typed or printed name and capacity of person signing application)

# Delaware

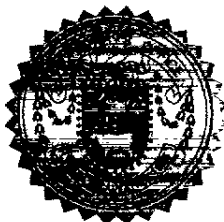
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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARM/DUR, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHARM/DUR, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF JUNE, A.D. 1992.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

2300982 8300

AUTHENTICATION: 2934727

040110724

DATE: 02-17-04