

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 28, 2013
Secretary of State
CC9431719009

Entity Name: ALLOS THERAPEUTICS, INC.

Current Principal Place of Business:

11080 CIRCLEPOINT RD SUITE 430
WESTMINSTER, CO 80020

Current Mailing Address:

ATTN:ACCOUNTS PAYABLE
PO BOX 18316
ENCINO, CA 91416-8316

FEI Number: 54-1655029

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, SECRETARY, DIRECTOR
Name OLER, ABRAHAM N
Address 11080 CIRCLEPOINT RD SUITE 430
City-State-Zip: WESTMINSTER CO 80020

Title CFO, TREASURER
Name SHAH, BIMAL R
Address 11080 CIRCLEPOINT RD SUITE 430
City-State-Zip: WESTMINSTER CO 80020

Title DIRECTOR
Name SHROTRIYA, RAJESH C
Address 11080 CIRCLEPOINT RD SUITE 430
City-State-Zip: WESTMINSTER CO 80020

Title DIRECTOR
Name LENAZ, LUIGI
Address 11080 CIRCLEPOINT RD SUITE 430
City-State-Zip: WESTMINSTER CO 80020

Title DIRECTOR
Name SHIELDS, JAMES
Address 11080 CIRCLEPOINT RD SUITE 430
City-State-Zip: WESTMINSTER CO 80020

Title VP
Name SCOTT, BRETT L
Address 11080 CIRCLEPOINT RD SUITE 430
City-State-Zip: WESTMINSTER CO 80020

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRETT L. SCOTT

SENIOR V.P.

03/28/2013

Electronic Signature of Signing Officer/Director Detail

Date