

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753254

FILED
Apr 07, 2009
Secretary of State

Entity Name: INTERNATIONAL SOCIETY FOR PHARMACEUTICAL ENGINEERING, INC.

Current Principal Place of Business:

3109 W DR MLK JR. BLVD
STE 250
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3109 W DR MLK JR. BLVD
STE 250
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-2009272 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BEST, ROBERT P
3109 W DR MLK JR BLVD
STE 250
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HOIBERG, CHARLES P
Address: 19440 OLNEY MILL RD
City-St-Zip: OLNEY, MD 20832

Title: P () Delete
Name: BEST, ROBERT P
Address: 4513 DALE AVE
City-St-Zip: TAMPA, FL 33609

Title: S () Delete
Name: WALKER, ANDRE
Address: 7 PHINNEY RD
City-St-Zip: LEXINGTON, MA 02421

Title: D () Delete
Name: BROWN, JANE R
Address: 3151-204 HEMLOCK FOREST CIRCLE
City-St-Zip: RALEIGH, NC 27612

Title: C () Delete
Name: DAVIS, BRUCE
Address: 36 BLUEBERRY RD
City-St-Zip: BOWDEN, ATTRINCHAM CHESHIRE, UK WA14 3LU

Title: T () Delete
Name: MAC NEICE, ALAN M
Address: 3 BELLCOURT
City-St-Zip: BARRYMOREKILTOOM, IRELAND,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WALKER, ANDRE
Address: BIOGENIDEC ALLE 1
City-St-Zip: 3400 HILLEROD, DK 3400 DK

Title: S (X) Change () Addition
Name: PEREZ, ARTHUR D
Address: 1 HEALTH PLAZA
City-St-Zip: EAST HANOVER, NJ 07936

Title: D (X) Change () Addition
Name: DAVIS, BRUCE
Address: 36 BLUEBERRY RD
City-St-Zip: BOWDEN, ATTRINCHAM CHESHIRE, UK WA14 3LU

Title: V (X) Change () Addition
Name: MAC NEICE, ALAN M
Address: MONKSLAND, CO. WESTMEATH
City-St-Zip: ATHLONE, IRELAND, IE IRELAND IE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT P. BEST

P

04/07/2009

Electronic Signature of Signing Officer or Director

Date