


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90180 040 \*\*\*150.00

<b>DOCUMENT # 822581</b> 1. Entity Name <b>NABI BIOPHARMACEUTICALS, INC.</b>					
Principal Place of Business <b>5800 PARK OF COMMERCE BLVD. NW BOCA RATON, FL 33487 US</b>			Mailing Address <b>5800 PARK OF COMMERCE BLVD. NW BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1212264</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MC LAIN, THOMAS 5800 PARK OF COMMERCE BLVD. NW BOCA RATON, FL 33487</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CONSTANTINE, ALEXANDER ONE INTERNATIONAL PLACE BOSTON, MA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO GURY, DAVID J. 5800 PARK OF COMMERCE BLVD. NW BOCA RATON, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>See Attached Listing</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP NASO, ROBERT B PHD 5800 PARK OF COMMERCE BLVD W BOCA RATON, FL 33487</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVCO MCLAIN, THOMAS H 5800 PARK OF COMMERCE BLVD. NW. BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President and Chief Executive Officer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP SMITH, MARK L 5800 PARK OF COMMERCE BLVD. NW BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO SMITH, MARK L 5800 PARK OF COMMERCE BLVD. NW BOCA RATON, FL 33487</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Mark Smith</b>		Date _____ Daytime Phone # <b>561-989-5800</b>	

Attachment 822581

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**Nabi Biopharmaceuticals  
Officer and Director List**

<b>Name</b>	<b>Address</b>
<b>Officers</b>	
Thomas H. McLain Chief Executive Officer and President	5800 Park of Commerce Blvd NW Boca Raton, FL 33487
Constantine Alexander Secretary	World Trade Center West 155 Seaport Blvd Boston, MA 02110-2604
Raafat Fahim Senior Vice President	5800 Park of Commerce Blvd NW Boca Raton, FL 33487
Anna E. Mack Senior Director and General Counsel	5800 Park of Commerce Blvd NW Boca Raton, FL 33487
Henrik Rasmussen Senior Vice President	5800 Park of Commerce Blvd NW Boca Raton, FL 33487
Gary Siskowski Senior Vice President	5800 Park of Commerce Blvd NW Boca Raton, FL 33487
Mark L. Smith Senior Vice President	5800 Park of Commerce Blvd NW Boca Raton, FL 33487
<b>Directors</b>	
David L. Castaldi Director	11 Bellingham Rd Chestnut Hill, MA 02467-3229
Geoffrey F. Cox Director	GTC Biotherapeutics 175 Crossing Blvd, Suite 410 Framingham, MA 01702
George W. Ebright Director	Elks Tiver Farm Town Point Road, PO box 99 Chesapeake City, MD 21915
David J. Gury Director	2360 NW 43rd Street Boca Raton, FL 33431
Richard A. Harvey Jr. Director	Stonebridge Associated, LLC Ten Post Office Square Boston, MA 02109
Linda Jenckes Director	Linda Jenckes and Associated 210 7th Street S.E. 200 Washington, DC 20003
Thomas H. McLain Director	5800 Park Commerce Blvd NW Boca Raton, FL 33487
Stephen G. Sudovar Director	EluSys Therapeutics, Inc. 10 Bloomfield Ave Pine Brook, NJ 07058