


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90027 039 \*\*\*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 BOCARATON, FL 33487</b>			Mailing Address <b>5800 PARK OF COMMERCE BLVD. NW BOCARATON, FL 33487</b>		
2. Principal Place of Business - No P.O. Box # <b>12276 Wilkins Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>12276 Wilkins Avenue</b> Suite, Apt. #, etc.			
City & State <b>Rockville, MD</b> Zip <b>20852</b>		City & State <b>Rockville, MD</b> Zip <b>20852</b>		4. FEI Number <b>59-1212264</b>	
Country <b>MONTGOMERY</b>		Country <b>MONTGOMERY</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	S CONSTANTINE, ALEXANDER ONE INTERNATIONAL PLACE BOSTON, MA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MACK, ANNA E 5800 PARK OF COMMERCE BLVD VW BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HUDSON, LESLIE 5800 PARK OF COMMERCE BLVD. NW. BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SIEGEL, JORDAN 5800 PARK OF COMMERCE BLVD. NW BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FAHIM, RAAFAT 5800 PARK OF COMMERCE BLVD. NW BOCA RATON, FL 33487	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP FAHIM, RAAFAT 5800 PARK OF COMMERCE BLVD. NW BOCA RATON, FL 33487	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP PAUL KESSLER 12276 Wilkins Avenue Rockville, MD 20852	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>RAAFAT FAHIM</u> <b>RAAFAT FAHIM</b> <u>April 29, 2008</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					