SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -3 AM 9:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **856691** **(1)**

1. Corporation Name
PHARMOS CORPORATION

Principal Place of Business	Mailing Address
101 EAST 52ND STREET NEW YORK NY 10022	101 EAST 52ND STREET NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/09/1983**
3a. Date of Last Report: **07/12/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **36-3207413** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RIESENFELD, GAD DR.
C/O PHARMOS CORPORATION
2 INNOVATION DRIVE
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	Ex pres		
NAME	AVIV, HAIM	11 TITLE	God Riesenfeld	☐ Change ☒ Addition
STREET ADDRESS	C/O 101 EAST 52ND STREET	12 NAME	2 Innovation Drive	
CITY-ST-ZIP	NEW YORK NY 10022	13 STREET ADDRESS	Alachua Fl 32615	
		14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	Director	☐ Change ☒ Addition
NAME	STREBER, STEPHEN R remove	22 NAME	Stephen Knight	
STREET ADDRESS	C/O 101 EAST 52ND STREET	23 STREET ADDRESS	Acorn Park	
CITY-ST-ZIP	NEW YORK NY 10022	24 CITY-ST-ZIP	Cambridge, MA 02140	
TITLE	VCFO	31 TITLE	Director	☐ Change ☒ Addition
NAME	DACHOWITZ, HENRY M	32 NAME	David Schalgachet	
STREET ADDRESS	C/O 101 EAST 52ND STREET remove	33 STREET ADDRESS	Weizmann Institute of Science	
CITY-ST-ZIP	NEW YORK NY 10022	34 CITY-ST-ZIP	76100 Rehovot, ISRAEL	
TITLE	D	41 TITLE	Acting Chief Financial Officer	☐ Change ☒ Addition
NAME	GRINSTEAD, E. ANDREW III	42 NAME	& Colin Neill	
STREET ADDRESS	ONE INNOVATION DRIVE	43 STREET ADDRESS	101 East 52nd St 26th Floor	
CITY-ST-ZIP	WORCESTER MA 01605	44 CITY-ST-ZIP	New York NY 10022	
TITLE	D remove VP R&D Addition	51 TITLE	Director	☐ Change ☒ Addition
NAME	GERMAIN, MARK	52 NAME	William Hulley	
STREET ADDRESS	599 LEXINGTON AVENUE	53 STREET ADDRESS	518 Broad Street	
CITY-ST-ZIP	NEW YORK NY 10022	54 CITY-ST-ZIP	Sewickley PA 15143	
TITLE	D	61 TITLE	VP Clinical Affairs	☐ Change ☒ Addition
NAME	LOEB, MARVIN	62 NAME	John F Hoves PhD	
STREET ADDRESS	2801 BARRANEA PARKWAY	63 STREET ADDRESS	8 Innovation Drive	
CITY-ST-ZIP	IRVINE CA 92714	64 CITY-ST-ZIP	Alachua FL 32615	

Ana F Bueno PhD
c/o 101 E 52nd St
New York NY 10022

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Colin Neill 7/19/95 (212) 838 0087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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