


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 856691 (1) 1. Corporation Name PHARMOS CORPORATION			
Principal Place of Business 2 INNOVATION DRIVE ALACHUA FL 32615 US		Mailing Address 2 INNOVATION DRIVE ALACHUA FL 32615 US	
2. Principal Place of Business 21 33 Wood Ave. South Suite, Apt. #, etc. 22 SUITE 466 City & State 23 ISELIN, NJ Zip 24 08830		2a. Mailing Address 26 33 Wood Ave. South Suite, Apt. #, etc. 27 SUITE 466 City & State 28 ISELIN, NJ Zip 29 08830	
Country 25 USA		Country 30 USA	
3. Date Incorporated or Qualified 06/09/1983			
4. FEI Number 36-3207413		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 85 Zip Code FL			
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			
TITLE	PCOO	<input type="checkbox"/> DELETE	
NAME	RIESENFELD, GAD		
STREET ADDRESS	2 INNOVATION DRIVE		
CITY-ST-ZIP	ALACHUA FL		
TITLE	CFO	<input checked="" type="checkbox"/> DELETE	
NAME	MARK, ALAN		
STREET ADDRESS	2 INNOVATION DRIVE		
CITY-ST-ZIP	ALACHUA FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	PRICE, FREDERIC D		
STREET ADDRESS	771 OLD SAWMILL RIVER RD		
CITY-ST-ZIP	TARRYTOWN NY		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	GRINSTEAD, E. ANDREW III		
STREET ADDRESS	620 MEMORIAL DR		
CITY-ST-ZIP	CAMBRIDGE MA		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	KNIGHT, STEPHEN C.		
STREET ADDRESS	71 ROGERS ST		
CITY-ST-ZIP	CAMBRIDGE MA		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	LOEB, MARVIN		
STREET ADDRESS	2801 BARRANCA RD		
CITY-ST-ZIP	IRVINE CA		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	COOK, ROBERT W		
2.3 STREET ADDRESS	33 WOOD AVE. SOUTH		
2.4 CITY-ST-ZIP	ISELIN, NJ 08830		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			



DO NOT WRITE IN THIS SPACE

SIGNATURE:

Robert W Cook

April 30 1998 (734) 603.3526

CR2E034 (10/97)