SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0123141

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 20 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **856691**

1. Corporation Name
PHARMOS CORPORATION

Principal Place of Business	Mailing Address
33 WOOD AVE S STE 466 ISELIN NJ 08830 US	33 WOOD AVE S STE 466 ISELIN NJ 08830 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1983

2. Principal Place of Business (21)	99 Wood Ave South
Suite, Apt. #, etc. (22)	Suite 301
City & State (23)	Iselin, NJ
Zip (24) / Country (25)	08830 / USA
2a. Mailing Address (26)	99 Wood Ave South
Suite, Apt. #, etc. (27)	Suite 301
City & State (28)	Iselin, NJ
Zip (29) / Country (30)	08830 / USA

4. FEI Number: 36-3207413 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ 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: CT CORPORATION SYSTEM
(82) Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
(83) PLANTATION, FLORIDA 33324
(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: H. Hillary England, Asst. Secy. 9/17/99
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	PCOO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RIESENFELD, GAD		1.2 NAME	700029968 17--2
STREET ADDRESS	2 INNOVATION DRIVE		1.3 STREET ADDRESS	-09/27/99--01003--003
CITY-ST-ZIP	ALACHUA FL		1.4 CITY-ST-ZIP	****558.75 ****558.75
TITLE	CFO	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COOK, ROBERT W		2.2 NAME	
STREET ADDRESS	33 WOOD AVE S		2.3 STREET ADDRESS	
CITY-ST-ZIP	ISELIN NJ 08830		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PRICE, FREDERIC D		3.2 NAME	
STREET ADDRESS	771 OLD SAWMILL RIVER RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	TARRYTOWN NY		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GRINSTEAD, E. ANDREW III		4.2 NAME	
STREET ADDRESS	620 MEMORIAL DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KNIGHT, STEPHEN C.		5.2 NAME	
STREET ADDRESS	71 ROGERS ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LOEB, MARVIN		6.2 NAME	
STREET ADDRESS	2801 BARRANCA RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

14. 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 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. KE

SIGNATURE: Robert W. Cook Robert Cook 8/31/99 732-452-9556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #