

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 856691**

1. Entity Name

**PHARMOS CORPORATION**

Principal Place of Business

**99 WOOD AVE. SOUTH  
SUITE 301  
ISELIN NJ 08830  
US**

Mailing Address

**99 WOOD AVE. SOUTH  
SUITE 301  
ISELIN NJ 08830  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCOO	<input type="checkbox"/> Delete
NAME	RIESENFELD, GAD	
STREET ADDRESS	99 WOOD AVENUE SOUTH SUITE 301	
CITY-ST-ZIP	ISELIN NJ 08830	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	COOK, ROBERT W	
STREET ADDRESS	99 WOOD AVENUE SOUTH SUITE 301	
CITY-ST-ZIP	ISELIN NJ 08830	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCEL, TONY	
STREET ADDRESS	9 RUE DE MAJDEBURG	
CITY-ST-ZIP	PARIS FN 77116	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRINSTEAD, E. ANDREW III	
STREET ADDRESS	155 FORTUNE BLVD	
CITY-ST-ZIP	MILFORD MA 01757	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNIGHT, STEPHEN C.	
STREET ADDRESS	71 ROGERS ST	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOEB, MARVIN	
STREET ADDRESS	2801 BARRANCA RD	
CITY-ST-ZIP	IRVINE CA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ganzu, Eikan, C.	
STREET ADDRESS	194 Wells Ave., Suite 302	
CITY-ST-ZIP	Newton, MA 02459	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Waksal, Samuel	
STREET ADDRESS	180 Varick Street	
CITY-ST-ZIP	New York, NY 10014	

13. 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 11 or Block 12 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

**Robert W. Cook, VP Finance & CFO**

Date

1/12/01

Daytime Phone #

(732) 452-9556

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90035 038 \*\*\*150.00

00000014



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-3207413**  
Applied For ☐  
Not Applicable ☐5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

057417

CR2E034 (10/00)

## PHARMOS

Pharmos Corporation  
99 Wood Avenue South, Suite 301  
Iselin, NJ 08830  
Ph: (732) 452-9556  
Fx: (732) 452-9557

Attachment Sheet

# 856691

D0005514

### Attachment to 2001 (UBR)

#### Number 12.) Additional Directors

Title	C
Name	Aviv, Haim
Street Address	Weizmann Industrial Park
City-St-Zip	Rehovot, Israel 76326

Title	D
Name	Schlachet, David
Street Address	40 Einstein Street
City-St-Zip	Tel Aviv, Israel 69102

Title	D
Name	Ben Dor, Mony
Street Address	40 Einstein Street
City-St-Zip	Tel Aviv, Israel 69102