

Document Number Only

# F00000000744

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel 850 222 1092  
Fax 850 222 7615  
Attn: Jeff Netherton

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\*\*\*\*\*87.50 \*\*\*\*\*87.50

CORPORATION(S) NAME

Scirex Corporation

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
Acknowledgement \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB -9 AM 8:55  
RECEIVED  
00 FEB -9 PM 3:00  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. SCIREX CORPORATION

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 06-1097413

(FEI number, if applicable)

4. 2/96

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. JANUARY 4, 2000

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2701 N. ROCKY POINT DRIVE #960

TAMPA, FLA 33607

(Current mailing address)

8. Medical research

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

, Florida, 33324

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Amy Berteletti

(Registered agent's signature)

Amy Berteletti, Special Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: MICHAEL STONE  
Address: 222 SOUTH AVENUE  
NEW CANAAN, CT 06840

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: MICHAEL A. CHOUKAS  
Address: 3710 SABLEWOOD DRIVE  
DOYLESTOWN, PA 18901

Director: BRUCE COLBURN  
Address: 105 FLICK DRIVE  
FORT WASHINGTON, PA 19034

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DIVISION OF CORPORATIONS  
00 FEB -9 AM 8:55

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: MICHAEL A. CHOUKAS  
Address: 3710 SABLEWOOD DRIVE  
DOYLESTOWN, PA 18901

Vice President: MARK DiIanni  
Address: 24 VAN DYKE ROAD  
HOPEWELL, NJ. 08525

Asst. Secretary: BRIAN PATERSON  
Address: 15 CAMILLE LANE  
CANTON, CT 06019

Treasurer: KYLE BAKER  
Asst Address: 3704 HIDDEN HOLLOW  
AUSTIN, TX 78731

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Brian Paterson  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Brian Paterson Assistant Secretary  
(Typed or printed name and capacity of person signing application)

*State of Delaware*  
*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCIREX CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF FEBRUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

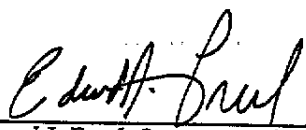
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB -9 AM 8:55



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\_\_\_\_\_  
Edward J. Freel, Secretary of State

AUTHENTICATION: 0232495

DATE: 02-02-00