

F00000002955



02250-00611-00671

ACCOUNT NO. : 072100000032

REFERENCE : 704722 7106309

AUTHORIZATION : *Patricia Piggitt*

COST LIMIT : \$ 70.00

ORDER DATE : May 19, 2000

ORDER TIME : 1:45 PM

ORDER NO. : 704722-015

MJH

W-13483

CUSTOMER NO: 7106309

700003265827--3

CUSTOMER: Ms. Tamiko F. Lewis
Sangstat Medical Corporation
6300 Dumbarton Circle

Fremont, CA 94555

FOREIGN FILINGS

NAME: THE TRANSPLANT PHARMACY, INC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Pollye Janisse

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 24 PM 2:55

RECEIVED
00 MAY 24 PM 3:11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 25, 2000

CSC
ATTN: POLLYE JANISSE

SUBJECT: THE TRANSPLANT PHARMACY, INC.
Ref. Number: W00000013483

We have received your document for THE TRANSPLANT PHARMACY, INC. and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 300A00029841

RESUBMIT

Please give original
submission date as file date.

RECEIVED
00 MAY 25 AM 11:30
DEPARTMENT 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. The Transplant Pharmacy, Inc.
(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 3. 94-3362805
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 3, 2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification.
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 6300 Dumbarton Circle, Fremont, CA 94555
(Current mailing address)

8. Sale of pharmaceutical products
(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: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida, 32301
(Zip code)

00 MAY 24 PM 2:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

Corporation Service Company
By: Laura R. Dunlap
(Registered agent's signature)

**Laura R. Dunlap
as its agent**

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: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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

President: See attached officers/directors rider

Address: _____

Vice President: _____

Address: _____

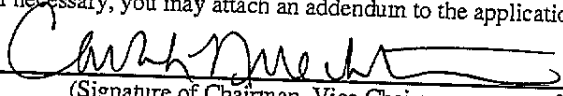
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. Carole L. Nuechterlein, Vice President and Corporate Secretary
(Typed or printed name and capacity of person signing application)

Attachment to Application
by
Foreign Corporation for Authorization to Transact Business in Florida

Directors

<u>Name</u>	<u>Address</u>
Jean-Jacques Bienaimé	SangStat Medical Corporation 6300 Dumbarton Circle Fremont, CA 94555
Stephen G. Dance	Same as above.

Officers

<u>Name</u>	<u>Title</u>	<u>Address</u>
Jean-Jacques Bienaimé	President and Chief Executive Officer	SangStat Medical Corporation 6300 Dumbarton Circle Fremont, CA 94555
Stephen G. Dance	Senior Vice President and Chief Financial Officer	Same as above.
Carole L. Nuechterlein	Vice President and Corporate Secretary	Same as above.

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE TRANSPLANT PHARMACY, INC." 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 TWENTY-SECOND DAY OF MAY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

3221829 8300

001257383

AUTHENTICATION:

0450656

DATE:

05-22-00