

FD 600006374 5

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tricon Pharmaceuticals, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",  
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation  
to transact business in Florida.

Please return all correspondence concerning this matter to the following:

L. David de la Parte

(Name of Person)

de la Parte & Gilbert, P.A.

(Firm/Company)

101 East Kennedy Boulevard, Suite 3400

(Address)

Tampa, Florida 33602

(City/State and Zip code)

FILED  
01 DEC 12 PM 7:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mt  
12/14

For further information concerning this matter, please call:

600004720936--0  
-12/12/01--01066--006  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

L. David de la Parte

(Name of Person)

at ( 813 ) 229-2775

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. Tricon Pharmaceuticals, 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. Applied For  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 27, 2001 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 9316 Cypress Bend Drive, Tampa, Florida 33647  
(Principal office address)  
9316 Cypress Bend Drive, Tampa, Florida 33647  
(Current mailing address)
8. To engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.  
(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: David S. Zaccardelli  
Office Address: 9316 Cypress Bend Drive  
Tampa, Florida 33647  
(City) (Zip code)

FILED  
01 DEC 12 PM 7:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

  
(Registered agent's signature)

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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: David S. Zaccardelli  
Address: 9316 Cypress Bend Drive  
Tampa, Florida 33647  
Director: Craig W. Davis  
~~Vice Chairman:~~  
Address: 9175 Highland Ridge Way  
Tampa, Florida 33647  
Director: Nicolas C. Porter  
Address: c/o H. Lee Moffitt Cancer Center and Research Institute, Inc.  
12902 Magnolia Drive, Tampa, Florida 33612  
Director: John A. Kolosky  
Address: c/o H. Lee Moffitt Cancer Center and Research Institute, Inc.  
12902 Magnolia Drive, Tampa, Florida 33612


\*\*SEE ATTACHED\*\*

B. OFFICERS

President: David S. Zaccardelli  
Address: 9316 Cypress Bend Drive  
Tampa, Florida 33647  
Vice President: of Pharmaceutical Development: Craig W. Davis  
Address: 9175 Highland Ridge Way  
Tampa, Florida 33612  
Secretary: and Vice President of Operations: Deborah Hannon  
Address: 502 South Fremont Avenue, Tampa, Florida 33606  
Treasurer: Deborah Hannon  
Address: 502 South Fremont Avenue, Tampa, Florida 33606

FILED  
01 DEC 12 PM 7:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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. David S. Zaccardelli, Chairman  
(Typed or printed name and capacity of person signing application)

Application of Tricon Pharmaceuticals, Inc.

**12. Names and business addresses of officers and/or directors: (Continued)**

**A. DIRECTORS**

Director: Meredith Mullins

Address: c/o H. Lee Moffitt Cancer Center and Research Institute, Inc.  
12902 Magnolia Drive, Tampa, Florida 33612

FILED

01 DEC 12 PM 7:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of Delaware

PAGE 1

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRICON PHARMACEUTICALS, 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 FIFTH DAY OF DECEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRICON PHARMACEUTICALS, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2001.

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

FILED  
01 DEC 12 PM 7:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3460298 8300

AUTHENTICATION: 1482339

010618182

DATE: 12-05-01