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June 21, 2002

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

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-07/02/02--01055--002
*****78.75 *****78.75

Re: Comprehensive NeuroScience, Inc.

Dear Sir/Madam:

Enclosed please find an Application by Foreign Corporation for Authorization to Transact Business in Florida, a Transmittal Letter, our check in the amount of \$78.75 (filing fee & certified copy), and a Certificate of Existence from the State of Delaware.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Laura Otzel

Laura G. Otzel
Paralegal

Enclosures

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comprehensive NeuroScience, 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:

Erika Pulley-Hayes
(Name of Person)

Comprehensive NeuroScience, Inc.
(Firm/Company)

4228 Wisconsin Avenue, N.W.
(Address)

Washington, DC 20016
(City/State and Zip code)

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For further information concerning this matter, please call:

Erika Pulley-Hayes at (202) 985-5663
(Name of Person) (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. Comprehensive NeuroScience, 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. 13-4014869
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/26/98 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 2/9/02
(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. 21 Bloomingdale Road, White Plains, NY 10605
(Principal office address)

4228 Wisconsin Avenue, N.W., Washington, DC 20016
(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)

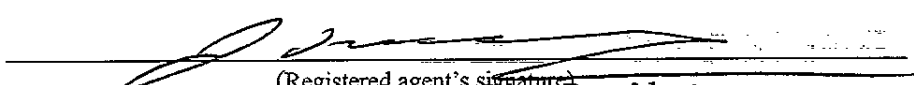
Name: National Corporate Research, Ltd., Inc.

Office Address: 1406 Hays Street, Ste. #2

Tallahassee, Florida 32301
(City) (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.


(Registered agent's signature)
John Morrissey, Assistant Vice President

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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Albert Waxman

Address: 625 Avenue of the Americas
New York, NY 10011

Vice Chairman: Timothy Howe

Address: 1055 Washington Blvd.
Stamford, CT 06901

Director: John Docherty, M.D.

Address: 21 Bloomingdale Road
White Plains, NY 10605

Director: William Bernstein, Esq.

Address: Kalkines, Arky, Zall + Bernstein, 1675 Broadway,
New York, NY 10019

B. OFFICERS

President: John P. Docherty, M.D.

Address: 21 Bloomingdale Road
White Plains, NY 10605

Vice President: Richard Surles, Ph.D.

Address: 21 Bloomingdale Road
White Plains, NY 10605

Secretary: Gary Camus

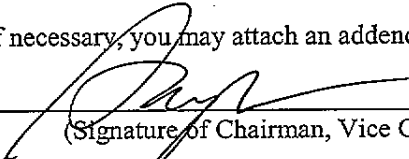
Address: 21 Bloomingdale Road, White Plains, NY 10605

Treasurer: Gary Camus

Address: 21 Bloomingdale Road, White Plains, NY 10605

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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. Gary Camus, Treasurer + Secretary
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

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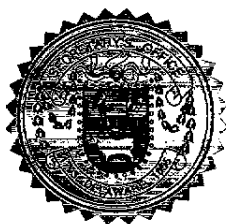
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPREHENSIVE NEUROSCIENCE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JUNE, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMPREHENSIVE NEUROSCIENCE, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JUNE, A.D. 1998.

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.

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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1842108

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DATE: 06-20-02