

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004364

Entity Name: ZILA THERAPEUTICS, INC.

FILED  
Feb 26, 2010  
Secretary of State

**Current Principal Place of Business:**

267 E MAIN STREET  
BATESVILLE, AZ 72501

**New Principal Place of Business:**

701 CENTRE AVENUE  
FORT COLLINS, CO 80526

**Current Mailing Address:**

267 E MAIN STREET  
BATESVILLE, AZ 72501

**New Mailing Address:**

701 CENTRE AVENUE  
FORT COLLINS, CO 80526

FEI Number: 71-0733040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: RODRIGUEZ, PATRICIO M  
Address: 701 CENTRE AVENUE  
City-St-Zip: FORT COLLINS, CO 80526

Title: VP  
Name: SPEIGHTS, DAVID R  
Address: 701 CENTRE AVENUE  
City-St-Zip: FORT COLLINS, CO 80526

Title: VP  
Name: DUNCAN, MICHAEL R  
Address: 701 CENTRE AVENUE  
City-St-Zip: FORT COLLINS, CO 80526

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID R. SPEIGHTS

VP

02/26/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date