

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005145

FILED
Apr 24, 2006
Secretary of State

Entity Name: GUILFORD PHARMACEUTICAL PRODUCTS INC.

Current Principal Place of Business:

6611 TRIBUTARY STREET
BALTIMORE, MD 21224

New Principal Place of Business:

5775 W. OLD SHAKOPEE RD
SUITE 100
BLOOMINGTON, MN 55437

Current Mailing Address:

6611 TRIBUTARY STREET
BALTIMORE, MD 21224

New Mailing Address:

FEI Number: 56-2289265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CEOD () Delete
Name: MITCHELL, DEAN
Address: 6611 TRIBUTARY STREET
City-St-Zip: BALTIMORE, MD 21224

Title: TD () Delete
Name: SPENGLER, WILLIAM F
Address: 6611 TRIBUTARY STREET
City-St-Zip: BALTIMORE, MD 21224

Title: SD () Delete
Name: RUBIN, ASHER
Address: 6611 TRIBUTARY STREET
City-St-Zip: BALTIMORE, MD 21224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change () Addition
Name: MOULDER, LEON O
Address: 5775 W. OLD SHAKOPEE RD STE 100
City-St-Zip: BLOOMINGTON, MN 55437

Title: TD (X) Change () Addition
Name: SPENGLER, WILLIAM F
Address: 5775 W. OLD SHAKOPEE RD STE 100
City-St-Zip: BLOOMINGTON, MN 55437

Title: SD (X) Change () Addition
Name: LOUKAS, ERIC
Address: 5775 W. OLD SHAKOPEE RD STE 100
City-St-Zip: BLOOMINGTON, MN 55437

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LEON O. MOULDER

CEOD

04/24/2006

Electronic Signature of Signing Officer or Director

_____ Date