

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90287 037 ***150.00

DOCUMENT # F02000005493

1. Entity Name
ZYDACRON, INC.



Principal Place of Business
**7 PERIMETER ROAD
MANCHESTER NH 03103**

Mailing Address
**7 PERIMETER ROAD
MANCHESTER NH 03103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **02-0459718**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | GAROFANO, KEN | |
| STREET ADDRESS | 36 WINSLOW LANE | |
| CITY-ST-ZIP | CANDIA NY 03034 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | TUTTLE, ROGER | |
| STREET ADDRESS | 54 HOSPITAL ROAD | |
| CITY-ST-ZIP | MANCHESTER NJ 03103 | |
| TITLE | CD | <input checked="" type="checkbox"/> Delete |
| NAME | FRIEDEL, SEYMOUR | |
| STREET ADDRESS | 18 WINDING BROOK ROAD | |
| CITY-ST-ZIP | GOFFSTOWN NJ 03045 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | AIN, MARK | |
| STREET ADDRESS | 297 BILLERICA ROAD | |
| CITY-ST-ZIP | CHELMSFORD MA 01824 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DE CASTRO, EDSON | |
| STREET ADDRESS | 21 GULF STREET | |
| CITY-ST-ZIP | BOYLSTON MA 01505 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | NITSAN, ITZHAK | |
| STREET ADDRESS | 2A HABARZEL STREET | |
| CITY-ST-ZIP | TEL AVIV 69710 ISRAEL | |

| | | |
|----------------|----------------------|--|
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ANDREAS BOEDENAUER | |
| STREET ADDRESS | 7 PERIMETER ROAD | |
| CITY-ST-ZIP | MANCHESTER, NH 03103 | |
| TITLE | TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GEORGE WEBER | |
| STREET ADDRESS | 7 PERIMETER ROAD | |
| CITY-ST-ZIP | MANCHESTER, NH 03103 | |
| TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STEFAN HESSEN | |
| STREET ADDRESS | 7 PERIMETER ROAD | |
| CITY-ST-ZIP | MANCHESTER, NH 03103 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, not all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)