2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005899

1. Entity Name
INNOGENETICS, INC.

Principal Place of Business	Mailing Address
2580 WESTSIDE PARKWAY, SUITE 400 ALPHARETTA, GA 30004	2580 WESTSIDE PARKWAY, SUITE 400 ALPHARETTA, GA 30004

07152004 No Chg-P CR2E034 (10/03)

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4. FEI Number
58-2404586
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POLLIFRONE, FRANK
561 NE 26TH AVE
POMPANO BEACH, FL 33062

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MARIEN, RUDI
STREET ADDRESS	TECHNOLOGIC PARK 6
CITY-ST-ZIP	9052 GENT, BELGIUM,
TITLE	VCP
NAME	ARCHINARD, PHILIPPE
STREET ADDRESS	TECHNOLOGIC PARK 6
CITY-ST-ZIP	9052 GENT, BELGIUM,
TITLE	DV
NAME	HAYDUK, RAY
STREET ADDRESS	2580 WESTSIDE PARKWAY, SUITE 400
CITY-ST-ZIP	ALPHARETTA, GA 30004
TITLE	S
NAME	WILMES, STEPHANE
STREET ADDRESS	TECHNOLOGIC PARK 6
CITY-ST-ZIP	9052 GENT, BELGIUM,
TITLE	T
NAME	OTTEVAERE, WIM
STREET ADDRESS	TECHNOLOGIC PARK 6
CITY-ST-ZIP	9052 GENT, BELGIUM,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/20/04-80006-014 150.00

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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, with all other like empowered.

SIGNATURE: RAY HAYDUK 7/15/04 678 393-1672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #