

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90031 035 ***158.75

DOCUMENT # F04000003851 1. Entity Name SIGA TECHNOLOGIES, INC.					
Principal Place of Business 4380 27TH COURT SW BUILDING 1, SUITE 104 NAPLES, FL 34116			Mailing Address 420 LEXINGTON AVENUE SUITE 408 NEW YORK, NY 10170		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-3864870	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 X After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DRAPKIN, DONALD G 35 EAST 62ND STREET NEW YORK, NY 10021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOTKIN, JUDYS. 888 PARK AVENUE NEW YORK, NY 10021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KASTEN, BERNARD L 4380 27TH COURT SW NAPLES, FL 34116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONSTANCE, THOMAS N. KRAMER LEVIN - 1177 AVE OF THE AMERICAS NEW YORK, NY 10036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KONATICH, THOMAS N 18 PLYMOUTH ROAD PORT WASHINGTON, NY 11050	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OZ, MEHMET C. 177 FORT WASHINGTON AVE. 7TH FL NEW YORK, NY 10032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSO HRUBY, DENNIS E PHD 2262 N.W. INDEPENDENCE HIGHWAY ALBANY, OR 97321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, ERICA. 177 FORT WASHINGTON AVE. 7TH FL NEW YORK, NY 10032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTAL, JAMES J 30952 STEEPLECHASE DR. SAN JUAN CAPISTRANO, CA 92675	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVAS, PAUL G. 25 E 62ND ST NEW YORK, NY 10021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINER, MICHAEL 161 FORT WASHINGTON AVE 7TH FL NEW YORK, NY 10032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Thomas N. Konatich</i>			THOMAS N. KONATICH 1/12/06 212 672 9100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT 40006216
704000003851

(Block 11, continued)

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Mjalli, Adnan M. x Addition
4170 Mendenhall Oaks Parkway, Suite 110
High Point, NC 27265