

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005100

Entity Name: ARIUS PHARMACEUTICALS, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

2501 AERIAL CENTER PARKWAY  
SUITE 205  
MORRISVILLE, NC 2750

## New Principal Place of Business:

## Current Mailing Address:

324 S HYDE PARK AVE  
SUITE 350  
TAMPA, FL 33606

## New Mailing Address:

FEI Number: 20-1507926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCNULTY, JAMES A  
324 S HYDE PARK AVE  
SUITE 350  
TAMPA, FL 33606 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: C ( ) Delete  
Name: O'DONNELL, FRANCIS E JR.  
Address: 709 THE HAMPTONS LANE  
City-St-Zip: TOWN & COUNTRY, MO 63017

Title: P ( ) Delete  
Name: SIRGO, MARK A  
Address: P.O. BOX 14601  
City-St-Zip: RESEARCH TRIANGLE PARK, NJ 27709

Title: V ( ) Delete  
Name: FINN, ANDREW L  
Address: P.O. BOX 14601  
City-St-Zip: RESEARCH TRIANGLE PARK, NJ 27709

Title: CFO ( ) Delete  
Name: MCNULTY, JAMES A  
Address: 324 S HYDE PARK AVE SUITE 350  
City-St-Zip: TAMPA, FL 33606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES A MCNULTY

CFO

04/30/2007

Electronic Signature of Signing Officer or Director

Date