2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005100

Title:

Name: Address:

City-St-Zip:

CFO

() Delete

324 S HYDE PARK AVE SUITE 350

MCNULTY, JAMES A

TAMPA, FL 33606

Entity Name: ARIUS PHARMACEUTICALS, INC.

FILED Feb 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2501 AERIAL CENTER PARKWAY 801 CORPORATE CENTER DR SUITE 205 SUITE 210 MORRISVILLE, NC 2750 RALEIGH, NC 27607 **Current Mailing Address: New Mailing Address:** 324 S HYDE PARK AVE SUITE 350 TAMPA, FL 33606 FEI Number: 20-1507926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCNULTY, JAMES A 324 S HYDE PARK AVE SUITE 350 TAMPA, FL 33606 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition O'DONNELL, FRANCIS E JR. Name: Name: 709 THE HAMPTONS LANE Address: Address: City-St-Zip: TOWN & COUNTRY, MO 63017 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: SIRGO, MARK A Name: SIRGO, MARK A P.O. BOX 14601 801 CORPORATE CENTER DR #210 Address: Address: RESEARCH TRIANGLE PARK, NJ 27709 RALEIGH, NC 27607 City-St-Zip: City-St-Zip: Title: (X) Change () Addition () Delete Title: FINN, ANDREW L FINN, ANDREW L Name: Name: P.O. BOX 14601 801 CORPORATE CENTER DR #210 Address: Address: City-St-Zip: RESEARCH TRIANGLE PARK, NJ 27709 City-St-Zip: RESEARCH TRIANGLE PARK, NC 27607

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES A MCNULTY CFO 02/01/2008

() Change () Addition