


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90049 015 ***150.00

DOCUMENT # F05000001037	
1. Entity Name OCTAPharma USA, INC.	

Principal Place of Business 5885 TRINITY PARKWAY, SUITE 350 CENTREVILLE, VA 20120	Mailing Address 5885 TRINITY PARKWAY, SUITE 350 CENTREVILLE, VA 20120
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DO NOT WRITE IN THIS SPACE

40120000



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3113527	Applied For Not Applicable
5. Certificate of Status Desired <input 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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOLFGANG, MARGUERRE 518 DENSYRASSE 2 CH-8853 LACHEN, SWITZERLAND.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLAUSEN, KARL E OCTAPharma AG, SIEDENSTRASSE 2 CH-8853 LACHEN, SWITZERLAND.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BJORNSTEUP, KIM SIEDENSTRASSE 2 CH-8853 LACHEN, SWITZERLAND.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLEMMING, NIELSEN 5095 TRINITY PARWAY STE 350 CENTERVILLE, VA 24120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 2/7-07	Daytime Phone # 202-468-6491
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