

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003609

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** VOYAGER PHARMACEUTICAL CORPORATION

**Current Principal Place of Business:**

8540 COLONNADE CENTER DRIVE, SUITE 308  
RALEIGH, NC 27615

**New Principal Place of Business:**

12600 DEERFIELD PARKWAY, SUITE 100  
ALPHARETTA, GA 30004

**Current Mailing Address:**

8540 COLONNADE CENTER DRIVE, SUITE 308  
RALEIGH, NC 27615

**New Mailing Address:**

12600 DEERFIELD PARKWAY, SUITE 100  
ALPHARETTA, GA 30004

**FEI Number:** 65-1089565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLDBERG, SHELDON  
15835 DELASOL LANE  
NAPLES, FL 34110 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:** CP  
**Name:** SMITH, PATRICK S  
**Address:** 12600 DEERFIELD PARKWAY, SUITE 100  
**City-St-Zip:** ALPHARETTA, GA 30004

**Title:** DVST  
**Name:** CORCORAN, DAVID J  
**Address:** 12600 DEERFIELD PARKWAY, SUITE 100  
**City-St-Zip:** ALPHARETTA, GA 30004

I hereby 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 all other like empowered.

**SIGNATURE:** DAVID J. CORCORAN

CFO

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date