2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# F06000001373

Entity Name: PHARMALOGIC HOLDINGS CORP.

Current Principal Place of Business:

1100 WILSON BLVD., SUITE 3000
ARLINGTON, VA 22209

New Principal Place of Business:

Current Mailing Address:

1100 WILSON BLVD., SUITE 3000
ARLINGTON, VA 22209

New Mailing Address:

FEI Number: 20-3958410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: SUSAN SIVERTSON 04/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHATOFF, HOWARD
Address: 1 SOUTH OCEAN BLVD., SUITE 206
City-St-Zip: BOCA RATON, FL 33432

Title: VDSD ( ) Delete
Name: RUBENSTEIN, SAMUEL G
Address: 1100 WILSON BLVD., SUITE 3000
City-St-Zip: ARLINGTON, VA 22209

Title: D ( ) Delete
Name: SAVILLE, B. HAGEN
Address: 1100 WILSON BLVD., SUITE 3000
City-St-Zip: ARLINGTON, VA 22209

Title: D ( ) Delete
Name: MCDONNELL, MICHAEL T
Address: 1100 WILSON BLVD., SUITE 3000
City-St-Zip: ARLINGTON, VA 22209

Title: V ( ) Delete
Name: TUNNEY, STEVEN F
Address: 1100 WILSON BLVD., SUITE 3000
City-St-Zip: ARLINGTON, VA 22209

Title: V ( ) Delete
Name: FORD, WILLIAM B
Address: 1100 WILSON BLVD., SUITE 3000
City-St-Zip: ARLINGTON, VA 22209

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:

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: HOWARD CHATOFF PRES 04/24/2009
Electronic Signature of Signing Officer or Director Date