2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007
Secretary of State

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Entity Name: BURNHAM INSTITUTE FOR MEDICAL RESEARCH INC.

Current Principal Place of Business:

10901 NORTH TORREY PINES ROAD
LA JOLLA, CA 92037

New Principal Place of Business:

8669 COMMODITY CIRCLE, FOURTH FLOOR
ORLANDO, FL 32819

Current Mailing Address:

10901 NORTH TORREY PINES ROAD
LA JOLLA, CA 92037

New Mailing Address:

8669 COMMODITY CIRCLE, FOURTH FLOOR
ORLANDO, FL 32819

FEI Number: 51-0197108 **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:

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

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	NIERENBERG, NICOLAS C TRUSTEE	
Address:	10901 NORTH TORREY PINES ROAD	
City-St-Zip:	LA JOLLA, CA 92037	
Title:	D	( ) Delete
Name:	BURNHAM, MALIN TRUSTEE	
Address:	10901 NORTH TORREY PINES ROAD	
City-St-Zip:	LA JOLLA, CA 92037	
Title:	D	( ) Delete
Name:	FISHBURN, M. WAINWRIGHT JR.	
Address:	10901 NORTH TORREY PINES ROAD	
City-St-Zip:	LA JOLLA, CA 92037	
Title:	PD	( ) Delete
Name:	REED, M.D., PH.D., JOHN C	
Address:	10901 NORTH TORREY PINES ROAD	
City-St-Zip:	LA JOLLA, CA 92037	
Title:	VPD	( ) Delete
Name:	EASTHAM, KARIN	
Address:	10901 NORTH TORREY PINES ROAD	
City-St-Zip:	LA JOLLA, CA 92037	
Title:	S	( ) Delete
Name:	BEDDINGFIELD, NANCY	
Address:	10901 NORTH TORREY PINES ROAD	
City-St-Zip:	LA JOLLA, CA 92037	

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DOLLAR VP 03/09/2007

Electronic Signature of Signing Officer or Director — Date