2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000007033

1. Entity Name TERCICA, INC.



Principal Place of Business

2000 SIERRA POINT PARKWAY SUITE 400 BRISBANE, CA 94005 Mailing Address

2000 SIERRA POINT PARKWAY SUITE 400 BRISBANE, CA 94005

FILED May 14, 2007 8:00 am Secretary of State

05-14-2007 90069 044 ***150.00

VOITION.



DO NOT WRITE IN THIS SPACE

04302007 No Chg-P CR2E(

CR2E034 (11/05)

DATE

4. FEI Number 26-0042539

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

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

DO NOT WRITE IN THIS SPACE

в.	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, the obligations of registered agent.	I am familiar with, and accept
ei/	SNATI IDE	,

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10	OFFICERS AND DIRECTORS	
TITLE	PC	
NAME	SCARLETT, JOHN A	
STREET ADDRESS	2000 SIERRA POINT PARKWAY, SUITE 400	
CITY-ST-ZIP	BRISBANE, CA 94005	
TITLE	S	
NAME	ROSENFIELD, STEPHEN N	
STREET ADDRESS	2000 SIERRA POINT PARKWAY, SUITE 400	
CITY,- ST - ZIP	BRISBANE, CA 94005	
TITLE	D	
NAME	CLARK, ROSS G	
STREET ADDRESS	2000 SIERRA POINT PARKWAY, SUITE 400	
CITY-ST-ZIP	BRISBANE, CA 94005	
TITLE	Danadas	
NAME	DARKIS, ALEX	
STREET ADDRESS	2800 Stema Point Partway, sille 400	
CITY-\$1-ZIP	BARKAS, ALEX 2000 Siema Dint Parkway, Siite 400 Baspare, CA 94008	
TITLE	SV	
NAME	GRETHLEIN, ANDREW	
STREET ADDRESS	2000 SIERRA POINT PARKWAY, SUITE 400	
CITY-\$1-ZIP	BRISBANE, CA 94005	
TITLE	sv	
NAME	AJAY, BANSAL	
STREET ADDRESS	2000 SIERRA POINT PARKWAY, SUITE 400	
CITY-ST-ZIP	BRISBANE, CA 94005	

DO NOT WRITE IN THIS SPACE

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 of 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 attact ment with any additions, with all other like empowered.

SIGNATURE

AFURE AND TYPED OR MINTED MAME OF SUNING OFFICER OR DIR

CUSAN WONE

4/30/07

(650)624_4900