

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003778

FILED
Apr 16, 2009
Secretary of State

Entity Name: QUINNOVA PHARMACEUTICALS, INC.

Current Principal Place of Business:

411 SOUTH STATE STREET 3RD FL
NEWTOWN, PA 18940

New Principal Place of Business:

Current Mailing Address:

411 SOUTH STATE STREET 3RD FL
NEWTOWN, PA 18940

New Mailing Address:

FEI Number: 03-0558298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BESSELMAR, FRITZ
Address: 47 HULFISH STREET STE 210
City-St-Zip: PRINCETON, NJ 08542

Title: D () Delete
Name: DAVIDSON, AARON
Address: 1001 BRICKELL BAY DRIVE 27TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: P () Delete
Name: DAY, JEFFREY S
Address: 411 SOUTH STATE STREET 3RD FL
City-St-Zip: NEWTOWN, PA 18940

Title: VST () Delete
Name: BRENNAN, CHRISTOPHER S
Address: 411 SOUTH STATE STREET 3RD FL
City-St-Zip: NEWTOWN, PA 18940

Title: D () Delete
Name: GALLAGHER, BRIAN
Address: 790 MEMORIAL DRIVE STE 200B
City-St-Zip: CAMBRIDGE, MA 02139

Title: D () Delete
Name: KROCHMAL, LINCOLN
Address: 15891 SHANNON ROAD
City-St-Zip: LOS GATOS, CA 95032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: DAY, JEFFREY S
Address: 411 SOUTH STATE ST 3RD FL
City-St-Zip: NEWTOWN, PA 18940

Title: D (X) Change () Addition
Name: ZISSON, ALEX
Address: 60 SOUTH SIXTH STREET, STE 3620
City-St-Zip: MINNEAPOLIS, MN 55402

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: JEFFREY S. DAY

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date