

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004690

FILED
Feb 06, 2008
Secretary of State

Entity Name: TRANSGENERON THERAPEUTICS, INC.

Current Principal Place of Business:

12085 RESEARCH DR., SUITE G7
ALACHUA, FL 32615

New Principal Place of Business:

12085 RESEARCH DR.
SUITE T100
ALACHUA, FL 32615

Current Mailing Address:

12085 RESEARCH DR., SUITE G7
ALACHUA, FL 32615

New Mailing Address:

12085 RESEARCH DR.
SUITE T100
ALACHUA, FL 32615

FEI Number: 74-3229045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOLONY, LESLIE
8909 SW 75TH ST.
GAINESVILLE, FL 32608 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: PD () Delete
Name: MOLONY, LESLIE
Address: 8909 SW 75TH ST.
City-St-Zip: GAINESVILLE, FL 32608

Title: S () Delete
Name: YANG, LIJUN
Address: 4452 SW 101 ST. DR.
City-St-Zip: GAINESVILLE, FL 32608

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: BOLOGNESI, DANI PH.D.
Address: 12085 RESEARCH DRIVE
City-St-Zip: ALACHUA, FL 32615

Title: D () Change (X) Addition
Name: COCHRAN, MARK A PH.D.
Address: 12085 RESEARCH DRIVE
City-St-Zip: ALACHUA, FL 32615

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: LESLIE MOLONY

PD

02/06/2008

Electronic Signature of Signing Officer or Director

Date