2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# F07000004690

Entity Name: TRANSGENERON THERAPEUTICS, INC.

Current Principal Place of Business:

12085 RESEARCH DR.
SUITE T100
ALACHUA, FL 32615

New Principal Place of Business:

720 SW 2ND AVENUE
SUITE 304
GAINESVILLE, FL 32601

Current Mailing Address:

12085 RESEARCH DR.
SUITE T100
ALACHUA, FL 32615

New Mailing Address:

720 SW 2ND AVENUE
SUITE 304
GAINESVILLE, FL 32601

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: BOLOGNESI, DANI PH.D.
Address: 720 SW 2ND AVENUE SUITE 304
City-St-Zip: GAINESVILLE, FL 32601

Title: D (X) Change ( ) Addition
Name: COCHRAN, MARK A PH.D.
Address: 720 SW 2ND AVENUE SUITE 304
City-St-Zip: GAINESVILLE, FL 32601

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 PRES 01/19/2009

Electronic Signature of Signing Officer or Director — Date