

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90050 005 \*\*\*150.00

<b>DOCUMENT # F07000004843</b>					
<b>1. Entity Name</b> INVERESK, INC.					
<b>Principal Place of Business</b> CARRONGROVE MILL DENNY, STIRLINGSHIRE, FK6 5HJ SCOTLAND,			<b>Mailing Address</b> CARRONGROVE MILL DENNY, STIRLINGSHIRE, FK6 5HJ SCOTLAND,		
<b>2. Principal Place of Business - No P.O. Box #</b> Stewart Road Suite, Apt. #, etc.		<b>3. Mailing Address</b> Stewart Road Suite, Apt. #, etc.		4000J0000	
Bridge of Allan City & State Stirlingshire		Bridge of Allan City & State Stirlingshire		04072008    Chg-P    CR2E034 (12/06)	
Zip    Country FK9 4JX    Scotland		Zip    Country FK9 4JX    Scotland		<b>4. FEI Number</b> 98-0554912	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  BRIAN F. STAYTON, ESQ. 1560 WEST CLEVELAND ST TAMPA, FL 33606-1807			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	C WALKER, ALAN CARRONGROVE MILL SCOTLAND, <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	C Walker, Alan Stewart Road, Bridge of Allan Scotland <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VC THOMSON, GORDON CARRONGROVE MILL SCOTLAND, <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VC Thomson, Gordon Stewart Road, Bridge of Allan, Scotland <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, KIERON CARRONGROVE MILL SCOTLAND, <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D Green, Kieron Stewart Road, Bridge of Allan, Scotland <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BERNANDER, JAN CARRONGROVE MILL SCOTLAND, <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D Bernander, Jan Stewart Road, Bridge of Allan, Scotland <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D MASON, STEPHEN CARRONGROVE MILL SCOTLAND, <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D Mason, Stephen Stewart Road, Bridge of Allan, Scotland <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D PETT, DAVID CARRONGROVE MILL SCOTLAND, <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D Pett, David Stewart Road, Bridge of Allan, Scotland <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 or 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 attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b>			Brian F. Stayton    4/8/08    813-251-3013 Attorney in Fact		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					