

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000005336

Entity Name: HAEMOPHARM INC.

FILED
Nov 05, 2008
Secretary of State

Current Principal Place of Business:

PARKER PLAZA 400 KELBY STREET
FORT LEE, NJ 07024

New Principal Place of Business:

Current Mailing Address:

PARKER PLAZA 400 KELBY STREET
FORT LEE, NJ 07024

New Mailing Address:

FEI Number: 22-3703994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DOREEN WALLACE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: MACKAY, MICHAEL W
Address: 825 THIRD AVE
City-St-Zip: NEW YORK, NY 10022

Title: VP () Delete
Name: STOCCO, LUCIO
Address: PARKER PLAZA 400 KELBY STREET
City-St-Zip: FORT LEE, NJ 07024

Title: S () Delete
Name: SCHUMACHER, GEORGE
Address: PARKER PLAZA 400 KELBY STREET
City-St-Zip: FORT LEE, NJ 07024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LUCIO STOCCO

VP

11/05/2008

Electronic Signature of Signing Officer or Director

Date