

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005972

FILED
Apr 06, 2012
Secretary of State

Entity Name: THAR PHARMACEUTICALS, INC.

Current Principal Place of Business:

730 WILLIAM PITT WAY
PITTSBURGH, PA 15238

New Principal Place of Business:

150 GAMMA DRIVE
PITTSBURGH, PA 15238

Current Mailing Address:

730 WILLIAM PITT WAY
PITTSBURGH, PA 15238

New Mailing Address:

150 GAMMA DRIVE
PITTSBURGH, PA 15238

FEI Number: 42-1699306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: DP
Name: HOUCK, RAYMOND K
Address: 832 12TH STREET
City-St-Zip: OAKMONT, PA 15139

Title: D
Name: CHORDIA, LALIT
Address: 60 LONG MEADOW DRIVE
City-St-Zip: PITTSBURGH, PA 15238

Title: D
Name: SUSSMAN, PHILIP N
Address: 145 W. 86 ST
City-St-Zip: NEW YORK, NY 10024

Title: D
Name: ROBERT, ROBERT
Address: VENTRY INDUSTRIES 1 MONARCH PL, SUITE 1450
City-St-Zip: SPRINGFIELD, MA 33549

Title: D
Name: AMRAM, FILIP
Address: RUMELIHISARI MAHALLES AHMET AGA SOK NO 2
City-St-Zip: ISTANBUL, SARIYER, TURKEY, TU 34470

Title: VP
Name: MOYER, BRIAN M
Address: 6014 BRYANT STREET
City-St-Zip: PITTSBURGH, PA 15206

I hereby 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 all other like empowered.

SIGNATURE: BRIAN MOYER

VP

04/06/2012

Electronic Signature of Signing Officer or Director

Date