

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001788

FILED
Apr 22, 2009
Secretary of State

Entity Name: WORLDWIDE CLINICAL TRAILS US, INC.

Current Principal Place of Business:

624 SOUTH BOSTON AVENUE, SUITE 230
TULSA, OK 74119

New Principal Place of Business:

401 N. MAPLE DRIVE
BEVERLY HILLS, CA 90210 US

Current Mailing Address:

624 SOUTH BOSTON AVENUE, SUITE 230
TULSA, OK 74119

New Mailing Address:

401 N. MAPLE DRIVE
BEVERLY HILLS, CA 90210 US

FEI Number: 26-1862092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CS () Delete
Name: BUTLER, DAVID M
Address: 767 FIFTH AVENUE, 48TH FLOOR
City-St-Zip: NEW YORK, NY 10153

Title: P () Delete
Name: CARTA, ANGELICO MD
Address: 401 NORTH MAPLE DRIVE
City-St-Zip: BEVERLY HILLS, CA 90210

Title: V () Delete
Name: WARDLE, THOMAS D
Address: 401 NORTH MAPLE DRIVE
City-St-Zip: BEVERLY HILLS, CA 90210

Title: S () Delete
Name: RISK, STEVEN L
Address: 4520 MAIN STREET, SUITE 1100
City-St-Zip: KANSAS CITY, MO 64111

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CS (X) Change () Addition
Name: BUTLER, DAVID M
Address: 767 FIFTH AVENUE, 48TH FLOOR
City-St-Zip: NEW YORK, NY 10153 US

Title: P (X) Change () Addition
Name: CARTA, ANGELICO MD
Address: 401 NORTH MAPLE DRIVE
City-St-Zip: BEVERLY HILLS, CA 90210 US

Title: V (X) Change () Addition
Name: WARDLE, THOMAS D
Address: 401 NORTH MAPLE DRIVE
City-St-Zip: BEVERLY HILLS, CA 90210 US

Title: S (X) Change () Addition
Name: RISK, STEVEN L
Address: 4520 MAIN STREET, SUITE 1100
City-St-Zip: KANSAS CITY, MO 64111 US

Title: VP () Change (X) Addition
Name: SIMMONS, SAMUEL
Address: 401 N. MAPLE DRIVE
City-St-Zip: BEVERLY HILLS, CA 90210 US

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: SAMUEL SIMMONS

VP

04/22/2009

Electronic Signature of Signing Officer or Director

Date