

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004173

Entity Name: VIIV HEALTHCARE COMPANY

FILED  
Apr 19, 2012  
Secretary of State

**Current Principal Place of Business:**

FIVE MOORE DRIVE  
RESEARCH TRIANGLE PARK, NC 27709

**New Principal Place of Business:**

**Current Mailing Address:**

FIVE MOORE DRIVE  
RESEARCH TRIANGLE PARK, NC 27709

**New Mailing Address:**

FEI Number: 80-0468695

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COLLIER, WILLIAM  
Address: FIVE MOORE DRIVE  
City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709

Title: VPSD  
Name: CRANDALL, TERRY  
Address: FIVE MOORE DRIVE  
City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709

Title: T  
Name: WILLIAMS, SUBESH  
Address: FIVE MOORE DRIVE  
City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709

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: TERRY CRANDALL

VPSD

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date