Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100000565143)))



H100000565143ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Pax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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1.L	Address:				

#### FOREIGN PROFIT/NONPROFIT CORPORATION

Cangene bioPharma, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

https://efile.sunbiz.org/scripts/efileovr.exe

3/11/2010

### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Cangeno bioPharma, Inc.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Francis St. Hilaire Name of Person
Name of Person
Cangene Corporation
J Firm/Company
155 Innovation Drive
Winningey, Manitoba, Canada R3T5Y3  City/State and Zip conte
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FVANCIS at (304) 275-4540  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

2. Maryland (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 11(1 S. Paca Street, Baltimore, MD 21230 (Principal office address)  SEE ATTACHMENT (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name: CT Corporation System  Office Address: 1200 South Pine Island Road  Plantation  Florida 33324 (City) (Zip code)		lable in Florida, enter alternate corporate n		adopted for the purpose of transacting business in Flore	ida)
(Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  (Duration: Year corp. will cease to exist or "perpetual")  (Duration: Year corp. will cease to exist or "perpetual")  (Duration: Year corp. will cease to exist or "perpetual")  (Duration: Year corp. will cease to exist or "perpetual")  (Duration: Year corp. will cease to exist or "perpetual")  (Duration: Year corp. will cease to exist or "perpetual")  (Duration: Year corp. will cease to exist or "perpetual")  (Duration: Year corp. will cease to exist or "perpetual")  (Duration: Year corp. will cease to exist or "perpetual")  (Duration: Year corp. will cease to exist or "perpetual")  (Duration: Year corp. will cease to exist or "perpetual")  (Duration: Year corp. will cease to exist or "perpetual")  (Parpose to exist or "perpetual")  (Principal office address)  (Current mailing address)		under the law of which it is incorporated)	_ 3,		<u></u>
(Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (II(1 S. Paca Street, Baltimore, MD 21230  (Principal office address)  SEE ATTACHMENT  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Plantation  Florida 33324	. 03/07/1980	• •	•	Permetual	
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(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  . II(1 S. Paca Street, Baltimore, MD 21230  (Principal office address)  same  (Current mailing address)  SEE ATTACHMENT  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Florida 33324	Upon Qualifica	tion	••-		
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Plantation , Plorida 33324	Ffice Address	1200 South Pine Island Road			
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(City) (Zip code) $\sim$ 0		** ***		, Florida 33324	$\tilde{\sim}$
•		(City)		(Zip code)	.0
	Aving been num signated in this	ed as registered agent and to accept to	rvic	e of process for the above stated corporation at the	te place
tiving been named as registered agent and to accept service of process for the above stated corporation at the place	rther agree to c	appacation, I nerecy accept the appar omply with the provisions of all statute	nun S re	ent as registered agent and agree to act in this ca lative to the proper and complete performance of	pucny. Tmv duti
signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.	d I om familiar	with and accept the obligations of my	pos	* * * * * * * * * * * * * * * * * * * *	
signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. Other agree to comply with the provisions of all statutes relative to the proper and complete performance of my dut				Anusha Poliy	
signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.  Ither agree to comply with the provisions of all statutes relative to the proper and complete performance of my dust I am familiar with and accept the obligations of my position as registered agent.  A pure to Putty		C T Corporation Systems		Aico blasiciant	,
C.T.Comporation Systems Control of Control o	_1			Assistant Secretary	
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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: SEE ATTACHMENT Vice Chairman: Address: \_\_ Director: \_ Address: \_ B. OFFICERS President: SEE ATTACHMENT Address: \_\_ Vice President: Address: \_ Secretary: \_ Address: \_\_ Trequiter; Address: \_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer Itsted in number 12 of the application) 14. FAAUCIS ST. HILAIRE - GRNEARL COUNSEL AND SECRETARY (Typed or printed name and capacity of person signing application)

#### Attachment to Florida Purpose Clause

To establish and operate laboratories for testing equine and diagnosing their illnesses and ailments, conduct research related thereto, and for a fee perform laboratory tests on equine and render diagnostic services related to equine illness and ailments; and to transact other such business as properly allowed under the General Corporation law of Florida.

## Officers and Directors of Cangene bioPharma, Inc.

John Langstaff – President, Chief Executive Officer and Director 6161 Southboine Drive Winnipeg, Manitoba R3R2Z3

Michael Graham - Chief Financial Officer, Treasurer and Director 98 Bergman Cresent Winnipeg, Manitoba R3R 1Z7

Francis J. St. Hilaire – General Counsel and Secretary 39 Kingsbridge Court Winnipeg, Manitoba R3P 2P9

# STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CANGENE BIOPHARMA, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 20, 2010.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 0006
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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