

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90098 020 ***150.00

DOCUMENT # F92000000507

1. Corporation Name

BIOMUNE CORPORATION

Principal Place of Business

% NABI
5800 PARK OF COMMERCE BLVD. NW
BOCA RATON FL 33487
US

Mailing Address

5800 PARK OF COMMERCE BLVD. NW
~~16500 N.W. 15TH AVENUE~~
BOCA RATON FL 33487
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1992

4. FEI Number

65-0420950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

~~NORTH AMERICAN BIOLOGICALS INC.~~
5800 PARK OF COMMERCE BLVD. NW
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

Thomas H. McLain

82 Street Address (P.O. Box Number is Not Acceptable)

5800 Park of Commerce Blvd NW

83

84 City

Boca Raton, FL

FL

85 Zip Code

33487

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Thomas H. McLain

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PCD
GURY, DAVID J
STREET ADDRESS
5800 PARK OF COMMERCE BLVD. NW
CITY-ST-ZIP
BOCA RATON FL

TITLE ☒ DELETE

NAME
TD
FERNANDEZ, ALFRED J
STREET ADDRESS
5800 PARK OF COMMERCE BLVD. NW
CITY-ST-ZIP
BOCA RATON FL

TITLE ☐ DELETE

NAME
S
ALEXANDER, CONSTANTINE
STREET ADDRESS
3 WHITTIER ST
CITY-ST-ZIP
CAMBRIDGE MA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE:

Thomas H. McLain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)