

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000507

1. Entity Name

BIOMUNE CORPORATION

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90141 024 ***150.00

0329597

Principal Place of Business
% NABI
5800 PARK OF COMMERCE BLVD. NW
BOCA RATON FL 33487
US

Mailing Address
5800 PARK OF COMMERCE BLVD. NW
BOCA RATON FL 33487
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0420950**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLAIN, THOMAS H
5800 PARK OF COMMERCE BLVD. NW
BOCA RATON FL 33487

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCFO
MCLAIN, THOMAS H
5800 PARK OF COMMERCE BLVD. NW
BOCA RATON FL 33482

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
McLain, Thomas H.
5800 Park of Commerce Blvd NW
Boca Raton, FL 33482
☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas H. McLain Thomas H. McLain

4-18-01

5619895800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)