

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 20, 1999 8:00 am
Secretary of State

04-20-1999 90220 001 ***150.00

DOCUMENT # F92000000746

1. Corporation Name
RHONE-POULENC AG COMPANY INC.



Principal Place of Business

219 PROSPECT PLAIN RD
CN 7500
CRANBURY NJ 08512
US

Mailing Address

CN 7500
ATTEN LEGAL DEPT
CRANBURY NJ 08512
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1992

4. FEI Number

13-1576812

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.

☐

Yes ☐ No

2. Principal Place of Business

21 259 PROSPECT PLAINS RD.

Suite, Apt. #, etc.

22

City & State

23 CRANBURY, NJ

Zip

24 08512

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

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 DC ☐ DELETE

NAME MAUPU, MICHEL C/O RP-
STREET ADDRESS 14-20 RUE PIERRE BAISET
CITY-ST-ZIP LYON FR 69009

TITLE P ☐ DELETE

NAME READE, ALAN
STREET ADDRESS 2 T.W. ALEXANDER DR
CITY-ST-ZIP RESEARCH TRIANGLE PARK NC 27709

TITLE VP ☐ DELETE

NAME AMAT, THIERRY
STREET ADDRESS 2 T.W. ALEXANDER DRIVE
CITY-ST-ZIP RESEARCH TRIANGLE PARK NC 27709

TITLE AS ☐ DELETE

NAME IATESTA, JOHN
STREET ADDRESS CN 5266
CITY-ST-ZIP PRINCETON NJ 08543-5266

TITLE S ☐ DELETE

NAME DONAHUE, JOHN P
STREET ADDRESS CN 5266
CITY-ST-ZIP PRINCETON NJ

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, with all other like empowered.

SIGNATURE:

John P. Donahue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 1999
Date

(409) 860-4374
Daytime Phone #

CR2E034 (11/98)

0564451