FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000376 (4)

1. Corporation Name

CROWN THERAPEUTICS, INC.

Principal Place of Business	Mailing Address
100 FLORIDA AVE. P.O. BOX 658 BELLEVILLE IL 62221 US	100 FLORIDA AVE. P.O. BOX 658 BELLEVILLE IL 62221 US

3. Date Incorporated or Qualified: **01/14/1993**

3a. Date of Last Report: **05/19/1995**

4. FEI Number: **37-1301652** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ 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

CT CORPORATION SYSTEM
1200 S. 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 ___

12. OFFICERS AND DIRECTORS

TITLE	**P**	☐ DELETE
NAME	**SMITH, ROBERT**	
STREET ADDRESS	**100 FLORIDA AVENUE**	
CITY-ST-ZIP	**BELLEVILLE IL**	
TITLE	**SD**	☐ DELETE
NAME	**PEYTON, LYNDA**	
STREET ADDRESS	**100 FLORIDA AVENUE**	
CITY-ST-ZIP	**BELLEVILLE IL**	
TITLE	**D**	☐ DELETE
NAME	**GRAEBE, ROBERT W**	
STREET ADDRESS	**100 FLORIDA AVENUE**	
CITY-ST-ZIP	**BELLEVILLE IL 62222**	
TITLE	**D**	☐ DELETE
NAME	**ROBERTS, DANA E**	
STREET ADDRESS	**100 FLORIDA AVENUE**	
CITY-ST-ZIP	**BELLEVILLE IL 62222**	
TITLE	**D**	☐ DELETE
NAME	**FAIST, NANCY S**	
STREET ADDRESS	**100 FLORIDA AVENUE**	
CITY-ST-ZIP	**BELLEVILLE IL 62222**	
TITLE	**D**	☐ DELETE
NAME	**GRAEBE, KURTIS E**	
STREET ADDRESS	**100 FLORIDA AVENUE**	
CITY-ST-ZIP	**BELLEVILLE IL 62222**	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] Jeffrey W. Baker 3/14/96 (618) 277-9173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

	CROWN THERAPEUTICS, INC.		
	CORPORATE OFFICERS		
NAME	TITLE	HOME	SOCIAL
		ADDRESS	SECURITY #
ROBERT L. SMITH	PRESIDENT	628 GREEN HAVEN DR	355-40-8369
		BELLEVILLE, IL 62223	
LYNDA PEYTON	SECRETARY	31 METCALF DR	331-70-5035
		BELLEVILLE, IL 62223	
DAVID McCAUSLAND	V. PRESIDENT	20 FOREMAN DR	326-50-0712
	OPERATIONS	GLEN CARBON, IL 62034	
JEFFREY W. BAKER	V. PRESIDENT	311 JAMESTOWN	349-42-3397
	FINANCE	COLLINSVILLE, IL 62234	
STEVEN D. SAUERWEIN	V. PRESIDENT	432 HICKORY MANOR	348-54-4994
	SALES/MKT	BELLEVILLE, IL 62223	
ROBERT W. GRAEBE	TREASURER	210 BLUFF DR.	328-58-1469
		BELLEVILLE, IL 62223	
DIRECTORS			
NANCY S. FAIST	DIRECTOR	155 LAKE LORAINE BLVD	323-60-1911
		BELLEVILLE, IL 62221	
LYNDA PEYTON	DIRECTOR	31 METCALF DR.	331-70-5035
		BELLEVILLE, IL 62220	
DANA E. ROBERTS	DIRECTOR	42 SIGNAL HILL BLVD.	341-52-0648
		BELLEVILLE, IL 62223	
KURTIS E. GRAEBE	DIRECTOR	2010 S. SMILEY	352-62-9614
		OFALLON, IL 62269	
ROBERT W. GRAEBE	DIRECTOR	210 BLUFF DR.	
		BELLEVILLE, IL 62223	328-58-1469

OFFCRWN.XLS

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