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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 62221-5429 US

3. Date Incorporated or Qualified: 01/14/1993
3a. Date of Last Report: 03/20/1996

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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ROBERT		1.2 NAME		
STREET ADDRESS	100 FLORIDA AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVILLE IL		1.4 CITY-ST-ZIP		
TITLE	~~SD~~ D	☒ DELETE	2.1 TITLE	SD	☐ Change ☐ Addition
NAME	PEYTON, LYNDA		2.2 NAME	NANCY S. FAIST	
STREET ADDRESS	100 FLORIDA AVENUE		2.3 STREET ADDRESS	155 LAKE LORAINE BLVD	
CITY-ST-ZIP	BELLEVILLE IL		2.4 CITY-ST-ZIP	Belleville, IL 62221	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRAEBE, ROBERT W		3.2 NAME		
STREET ADDRESS	100 FLORIDA AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVILLE IL 62222		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, DANA E		4.2 NAME		
STREET ADDRESS	100 FLORIDA AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVILLE IL 62222		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FAIST, NANCY S		5.2 NAME		
STREET ADDRESS	100 FLORIDA AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVILLE IL 62222		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRAEBE, KURTIS E		6.2 NAME		
STREET ADDRESS	100 FLORIDA AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVILLE IL 62222		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] ROBERT BAKER 4-28-97 (800) 851 3449 EXT 234

OFFCRWN.XLS

	CROWN THERAPEUTICS, INC.	
	CORPORATE OFFICERS	
NAME	TITLE	HOME ADDRESS
ROBERT L. SMITH	PRESIDENT	5042 KRAFT RD FREEBURG, IL 62243
NANCY S. FAIST	SECRETARY	155 LAKE LORAINE BLVD BELLEVILLE, IL 62221
DAVID McCAUSLAND	V. PRESIDENT OPERATIONS	20 FOREMAN DR GLEN CARBON, IL 62034
JEFFREY W. BAKER	V. PRESIDENT FINANCE	311 JAMESTOWN COLLINSVILLE, IL 62234
STEVEN D. SAUERWEIN	V. PRESIDENT MARKETING	432 HICKORY MANOR BELLEVILLE, IL 62223
ROBERT W. GRAEBE	TREASURER	210 BLUFF DR. BELLEVILLE, IL 62223
TOM BORCHERDING	V. PRESIDENT SALES	687 H. HIDDEN PATH COURT ST. LOUIS, MO 63141
DIRECTORS		
NANCY S. FAIST	DIRECTOR	155 LAKE LORAINE BLVD BELLEVILLE, IL 62221
LYNDA PEYTON	DIRECTOR	58 POWDER CREEK DR BELLEVILLE, IL 62223
DANA E. ROBERTS	DIRECTOR	42 SIGNAL HILL BLVD. BELLEVILLE, IL 62223
KURTIS E. GRAEBE	DIRECTOR	314 ABEND BELLEVILLE, IL 62220
ROBERT W. GRAEBE	DIRECTOR	210 BLUFF DR. BELLEVILLE, IL 62223