3-14-95 A-8821-C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 7:59

DOCUMENT # F93000004838 (9)

1. Corporation Name
ALFIGEN, INC.

Principal Place of Business	Mailing Address
11 WEST DEL MAR BOULEVARD PASADENA CA 91105	11 WEST DEL MAR BOULEVARD PASADENA CA 91105

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/26/1993	04/20/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 95-3670754 ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SO. PINE ISLAND ROAD PLANTATION FL 33324	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 the 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	PD	11 TITLE		☐ Change ☐ Addition
NAME	ALFI, OMAR S	12 NAME		
STREET ADDRESS	11 WEST DEL MAR BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	PASADENA CA 91105	14 CITY-ST-ZIP		
TITLE	CEOD	21 TITLE		☐ Change ☐ Addition
NAME	ALFI, AHMED O	22 NAME		
STREET ADDRESS	11 WEST DEL MAR BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	PASADENA CA 91105	24 CITY-ST-ZIP		
TITLE	CFO	31 TITLE	COO	X Change ☐ Addition
NAME	MAUCH, VINCENT R delete	32 NAME	JAMES PEOPLES	
STREET ADDRESS	11 WEST DEL MAR BLVD.	33 STREET ADDRESS	11 W. DEL MAR	
CITY-ST-ZIP	PASADENA CA 91105	34 CITY-ST-ZIP	PASADENA, CA 91105	
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	BURPEE, HALA	42 NAME		
STREET ADDRESS	11 WEST DEL MAR BLVD.	43 STREET ADDRESS		
CITY-ST-ZIP	PASADENA CA 91105	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	ALFI, AZMERALDA	52 NAME		
STREET ADDRESS	11 WEST DEL MAR BLVD.	53 STREET ADDRESS		
CITY-ST-ZIP	PASADENA CA 91105	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	HURD, JANE	62 NAME		
STREET ADDRESS	11 WEST DEL MAR BLVD.	63 STREET ADDRESS		
CITY-ST-ZIP	PASADENA CA 91105	64 CITY-ST-ZIP		

14. I 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)(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: Hala Burpee 3/3/95 (818)356-3400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

040102 FH