

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90004 043 ***150.00

DOCUMENT # F93000004838

1. Corporation Name
ALFGEN, INC.

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

Mailing Address
11 WEST DEL MAR BOULEVARD
PASADENA CA 91105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/26/1993

4. FEI Number
95-3670754

Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ALFI, OMAR S
STREET ADDRESS 11 WEST DEL MAR BLVD.
CITY-ST-ZIP PASADENA CA 91105

☒ DELETE

1.1 TITLE PS
1.2 NAME Jin-Chen Wang, M.D.
1.3 STREET ADDRESS 11 W. Del Mar Blvd, Ste C
1.4 CITY-ST-ZIP Pasadena, CA 91105

☒ Change ☒ Addition

TITLE CEO
NAME ALFI, AHMED O
STREET ADDRESS 11 WEST DEL MAR BLVD.
CITY-ST-ZIP PASADENA CA 91105

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS

☐ Change ☐ Addition

TITLE COO
NAME PEOPLES, JAMES
STREET ADDRESS 11 WEST DEL MAR BLVD.
CITY-ST-ZIP PASADENA CA

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME BURPEE, HALA
STREET ADDRESS 11 WEST DEL MAR BLVD.
CITY-ST-ZIP PASADENA CA 91105

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ALFI, AZMERALDA
STREET ADDRESS 11 WEST DEL MAR BLVD.
CITY-ST-ZIP PASADENA CA 91105

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME HURD, JANE
STREET ADDRESS 11 WEST DEL MAR BLVD.
CITY-ST-ZIP PASADENA CA 91105

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Jin-Chen Wang, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/99 (626) 356-3400

CR2E034 (1/98)

0554487