

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004838

1. Entity Name  
**ALFGEN, INC.**

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**  
02-26-2000 90083 024 \*\*\*150.00

Principal Place of Business      Mailing Address  
**11 WEST DEL MAR BOULEVARD**      **11 WEST DEL MAR BOULEVARD**  
**PASADENA CA 91105**      **PASADENA CA 91105-2505**

2. Principal Place of Business      3. Mailing Address  
  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
  
City & State      City & State  
  
Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      **95-3670754**      Applied For  
Not Applicable  
5. Certificate of Status Desired      ☐      **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SO. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.      ☐      **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
10. Election Campaign Financing Trust Fund Contribution.      ☐      **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
PS	<input type="checkbox"/> Delete		TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
WANG, JIN-CHEN			NAME		
11 WEST DEL MAR BLVD.			STREET ADDRESS		
PASADENA CA 91105			CITY-ST-ZIP		
D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
HURD, JANE			NAME		
11 WEST DEL MAR BLVD.			STREET ADDRESS		
PASADENA CA 91105			CITY-ST-ZIP		
	<input type="checkbox"/> Delete		TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			NAME	<b>HALA ALFI</b>	
			STREET ADDRESS	<b>11 WEST DEL MAR BLVD.</b>	
			CITY-ST-ZIP	<b>PASADENA, CA 91105</b>	
	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **HALA ALFI**      **626-356-3400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)