

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90293 014 ***150.00

DOCUMENT # F93000004838

1. Entity Name
ALFIGEN, INC.

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

Mailing Address
**11 WEST DEL MAR BOULEVARD
 PASADENA CA 91105**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SO. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **P** ☐ Delete
WANG, JIN-CHEN
 STREET ADDRESS **11 WEST DEL MAR BLVD.**
 CITY-ST-ZIP **PASADENA CA 91105**

TITLE
 NAME **D** ☒ Change ☐ Addition
Wang, Jin-Chen
 STREET ADDRESS **11 W. Del Mar Blvd.**
 CITY-ST-ZIP **Pasadena, CA 91105**

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

TITLE
 NAME **D** ☐ Change ☒ Addition
Habibian, Rezvan
 STREET ADDRESS **11 W. Del Mar Blvd.**
 CITY-ST-ZIP **Pasadena, CA 91105**

TITLE
 NAME **S** ☐ Delete
ALFI, HALA
 STREET ADDRESS **1160 DEL MAR BLVD**
 CITY-ST-ZIP **PASADENA CA 91105**

TITLE
 NAME **D** ☐ Change ☒ Addition
Alfi, Omar
 STREET ADDRESS **11 W. Del Mar Blvd.**
 CITY-ST-ZIP **Pasadena, CA 91105**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **CAO** ☐ Change ☒ Addition
Hakim, Marie
 STREET ADDRESS **43 W. Del Mar Blvd.**
 CITY-ST-ZIP **Pasadena, CA 91105**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **P** ☐ Change ☒ Addition
Joyce, John
 STREET ADDRESS **43 W. Del Mar Blvd.**
 CITY-ST-ZIP **Pasadena, CA 91105**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **CEO** ☐ Change ☒ Addition
Alfi, Ahmed
 STREET ADDRESS **11 W. Del Mar Blvd.**
 CITY-ST-ZIP **Pasadena, CA 91105**

13. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARIE HAKIM 4/20/01 626-356-3400

CR2E034 (10/00)