

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
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90026 010 ***150.00

DOCUMENT # F94000001691

1. Corporation Name

IXION BIOTECHNOLOGY, INC.

Principal Place of Business

12085 RESEARCH DRIVE
ALACHUA FL 32615
US

Mailing Address

12085 RESEARCH DR
ALACHUA FL 32615
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1994

4. FEI Number

59-3174033

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 13709 PROGRESS BLVD.

Suite, Apt. #, etc.

22 Box 13

City & State

23 ALACHUA, FL

Zip

24 32615

County

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 Same

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CSC THE UNITED STATES CORP CO.
SUITE 105
1201 HAYS STREET
TALLAHASSEE FL 32301

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME GAINES, WEAVER H
STREET ADDRESS 9922 SW 41ST ROAD
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE V
NAME PECK, AMMON B DR
STREET ADDRESS 9311 SW 43RD LANE
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE ST
NAME TREW, MARY
STREET ADDRESS 9922 SW 41ST ROAD
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE PD
NAME PECK, DAVID C
STREET ADDRESS 115 GOLFVIEW
CITY-ST-ZIP HOMASASSA FL

☐ DELETE

TITLE D
NAME MARGULIES, DAVID M.
STREET ADDRESS 59 PINE RIDGE ROAD
CITY-ST-ZIP NEWTON MA

☐ DELETE

TITLE D
NAME VINCENT P MIHALIK
STREET ADDRESS TRIPOLIS BLDG 100 BURGERWEESHUISPED 141
CITY-ST-ZIP NL-1076 EW AMSTERDAM NE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME KARL-E. ALFORS
1.3 STREET ADDRESS 235 PROSPECT AVE
1.4 CITY-ST-ZIP PRINCETON, NJ 08540

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE D
6.2 NAME VINCENT P. MIHALIK
6.3 STREET ADDRESS 6491 BURGESSON WAY
6.4 CITY-ST-ZIP INDIANAPOLIS, IN 46278

☒ 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:

WEAVER H. GAINES

4/27/99

901-418-1428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)