2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2004 8:00 am DOCUMENT # F94000001691 **Secretary of State** 1. Entity Name 02-17-2004 90048 019 ***158.75 IXION BIOTECHNOLOGY, INC. Principal Place of Business 13709 PROGRESS BLVD. 13709 PROGRESS BLVD. Adara. **BOX 13** ALACHUA FL 32615 US ALACHUA FL 32615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For 4. FEI Number City & State City & State 59-3174033 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CSC THE UNITED STATES CORP CO. Street Address (P.O. Box Number is Not Acceptable) **SUITE 105** 1201 HAYS STREET TALLAHASSEE FL 32301 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. VICE PRESIDENT ☐ Delete ☐ Change TITLE TITLE CLARENCE C. LEE SIDHU, HARMEET NAME NAME 5400 NW 39Th Ave, Apt. AA 250 5611 NW 42ND RD STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32606 **GAINESVILLE FL 32606** CITY-ST-7IP CITY-ST-ZIP Addition VICE PRESIDENT ☐ Change TITLE Delete TITLE PECK, AMMON B DR NAME ALBERT G. FOSMOE NAME 9311 SW 43RD LANE STREET ADDRESS STREET ADDRESS 3710 Sw 84th ST. CITY-ST-ZIP **GAINESVILLE FL** CITY-ST-ZIP <u>UAINESVILLE</u> 32608 ☐ Change Addition TITLE Delete TITLE MANAG NAME SNOW, THEODORE L STREET ADDRESS STREET ADDRESS 4722 SW 67TH TERRACE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL ☐ Delete Change Addition TITLE TITLE PECK, DAVID C NAME NAME 30 PHEASANT RUN STREET ADDRESS STREET ADDRESS NEW HOPE PA 18938 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE AILSTOCK, JANET P NAME NAME 2615 NW 5TH PL STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32607 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete EDSTROM, HAKAN S NAME 23312 HAPPY VALLEY DR STREET ADDRESS STREET ADDRESS NEWHALL CA 91321 CITY-ST-7IP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE: Harmon Signature and typed on printed name of signing officer on director 210/04 (386)418-1428

Odie Dayline Phone EXT. 303