

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 26 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001726 (8)**  
1. Corporation Name  
**GENSIA LABORATORIES, LTD. CORPORATION**  
*GENSIA SICOR PHARMACEUTICALS, INC. 4-9-98*

Principal Place of Business: **9360 TOWNE CENTRE DR. SAN DIEGO CA 92121**  
Mailing Address: **9360 TOWNE CENTRE DR. SAN DIEGO CA 92121**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **19 Hughes Rd.**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Irvine CA**  
Zip Country  
24 **92618** 25 **Orange**

2a. Mailing Address  
26 **19 Hughes Rd.**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Irvine, CA**  
Zip Country  
29 **92618** 30 **Orange**

3. Date Incorporated or Qualified  
**04/05/1994**

4. FEI Number  
**33-0430364** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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: \_\_\_\_\_ (NGH) Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DCEO</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<del>VP CFO</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HALE, DAVID F</b>	1.2 NAME	<b>John SAWYARD</b>
STREET ADDRESS	<b>9360 TOWNE CENTER DR.</b>	1.3 STREET ADDRESS	<b>19 Hughes Rd</b>
CITY-ST-ZIP	<b>SAN DIEGO CA 92121</b>	1.4 CITY-ST-ZIP	<b>Irvine, CA 92618</b>
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALE, DAVID F</b>	2.2 NAME	<b>Donald Semaisin</b>
STREET ADDRESS	<b>9360 TOWNE CENTER DR.</b>	2.3 STREET ADDRESS	<b>19 Hughes Rd.</b>
CITY-ST-ZIP	<b>SAN DIEGO CA 92121</b>	2.4 CITY-ST-ZIP	<b>Irvine, CA 92618</b>
TITLE	<b>PCOD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALSH, PATRICK</b>	3.2 NAME	
STREET ADDRESS	<b>9360 TOWNE CENTER DR.</b>	3.3 STREET ADDRESS	<b>19 Hughes Rd.</b>
CITY-ST-ZIP	<b>SAN DIEGO CA 92121</b>	3.4 CITY-ST-ZIP	<b>Irvine, CA 92618</b>
TITLE	<b>VPTD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>VPD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURGESS, DANIEL D</b>	4.2 NAME	<b>Thomas Speace</b>
STREET ADDRESS	<b>9360 TOWNE CENTER DR.</b>	4.3 STREET ADDRESS	<b>19 Hughes Rd</b>
CITY-ST-ZIP	<b>SAN DIEGO CA 92121</b>	4.4 CITY-ST-ZIP	<b>Irvine CA 92618</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FACH, WESLEY N</b>	5.2 NAME	
STREET ADDRESS	<b>9360 TOWNE CENTER DR.</b>	5.3 STREET ADDRESS	<b>19 Hughes Rd.</b>
CITY-ST-ZIP	<b>SAN DIEGO CA 92121</b>	5.4 CITY-ST-ZIP	<b>Irvine, CA 92618</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAIKIND, PAUL K PH.D</b>	6.2 NAME	
STREET ADDRESS	<b>9360 TOWNE CENTER DR.</b>	6.3 STREET ADDRESS	<b>800002536638</b>
CITY-ST-ZIP	<b>SAN DIEGO CA 92121</b>	6.4 CITY-ST-ZIP	<b>-05/27/98--01046--046</b>

\*\*\*150.00

5.26

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

SIGNATURE: \_\_\_\_\_ DATE: **5/26/98**

CR2E034 (10/97)