

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 05, 1999 8:00 am
Secretary of State

04-05-1999 90008 023 ***150.00

DOCUMENT # **F94000001726**

1. Corporation Name

GENSIA SICOR PHARMACEUTICALS, INC.



Principal Place of Business

**19 HUGHES RD.
IRVINE CA 92618**

Mailing Address

**19 HUGHES RD.
IRVINE CA 92618**

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPCD	<input type="checkbox"/> DELETE
NAME	SAYWARD, JOHN	
STREET ADDRESS	19 HUGHES RD.	
CITY-ST-ZIP	IRVINE CA 92618	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SEMANISIN, DONALD	
STREET ADDRESS	19 HUGHES RD.	
CITY-ST-ZIP	IRVINE CA 92618	
TITLE	PCOD	<input checked="" type="checkbox"/> DELETE
NAME	WALSH, PATRICK	
STREET ADDRESS	19 HUGHES RD.	
CITY-ST-ZIP	IRVINE CA 92618	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SPEACE, THOMAS	
STREET ADDRESS	19 HUGHES RD.	
CITY-ST-ZIP	IRVINE CA 92618	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FACH, WESLEY N	
STREET ADDRESS	19 HUGHES RD.	
CITY-ST-ZIP	IRVINE CA 92618	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LAIKIND, PAUL K PH.D	
STREET ADDRESS	9360 TOWNE CENTER DR.	
CITY-ST-ZIP	SAN DIEGO CA 92121	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VPD
2.3 STREET ADDRESS	MICHAEL D. CANNON
2.4 CITY-ST-ZIP	19 HUGHES IRVINE, CA 92618
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED SAYWARD

3/5/99 (949)-455-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)