

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90497 034 ***150.00

DOCUMENT # **F 9400000726** ✓

1. Entity Name

GENSIA SILOR PHARMACEUTICALS, INC.

Principal Place of Business

**19 HUGHES
IRVINE CA 92618**

Mailing Address

**19 HUGHES
IRVINE CA. 92618**

00000017

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

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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!!
After MAY 1, 2001
Make Check Payable to Department of State**

**FEE IS \$150.00
Fee will be \$550.00**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **VPCD** ☐ Delete

NAME **SAYWARD, JOHN**

STREET ADDRESS **19 HUGHES**

CITY-ST-ZIP **IRVINE, CA 92618**

TITLE **VPD** ☐ Delete

NAME **CANNON, MICHAEL D.**

STREET ADDRESS **19 HUGHES**

CITY-ST-ZIP **IRVINE, CA 92618**

TITLE **SD** ☐ Delete

NAME **FACH, WESLEY N.**

STREET ADDRESS **19 HUGHES**

CITY-ST-ZIP **IRVINE CA. 92618**

TITLE **P** ☒ Delete

NAME **SALVI, CARLO**

STREET ADDRESS **19 HUGHES**

CITY-ST-ZIP **IRVINE, CA 92618**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition

NAME **BECKER, FRANK**

STREET ADDRESS **19 HUGHES**

CITY-ST-ZIP **IRVINE, CA 92618**

TITLE **VP** ☐ Change ☒ Addition

NAME **LEBLANC, ARMAND**

STREET ADDRESS **19 HUGHES**

CITY-ST-ZIP **IRVINE, CA 92618**

TITLE **VP** ☐ Change ☒ Addition

NAME **DREYER, DAVID**

STREET ADDRESS **19 HUGHES**

CITY-ST-ZIP **IRVINE CA 92618**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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 no 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

4/23/01

Date

949-455-4700

Daytime Phone #

CR2E034 (11/00)