

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2001 90497 034 ***150.00

DOCUMENT # **F 94000001726** ✓
 1. Entity Name
GENSIA SILOR PHARMACEUTICALS, INC.

Principal Place of Business Mailing Address
19 HUGHES **19 HUGHES**
IRVINE CA 92618 **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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating.

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
Fee IS \$150.00
Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VPCD	<input type="checkbox"/> Delete
NAME	SAYWARD, JOHN	
STREET ADDRESS	19 HUGHES	
CITY-ST-ZIP	IRVINE, CA 92618	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CANNON, MICHAEL D.	
STREET ADDRESS	19 HUGHES	
CITY-ST-ZIP	IRVINE, CA 92618	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FACH, WESLEY N.	
STREET ADDRESS	19 HUGHES	
CITY-ST-ZIP	IRVINE CA. 92618	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SALVI, CARLO	
STREET ADDRESS	19 HUGHES	
CITY-ST-ZIP	IRVINE, CA 92618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, FRANK	
STREET ADDRESS	19 HUGHES	
CITY-ST-ZIP	IRVINE, CA 92618	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEBLANC, ARMAND	
STREET ADDRESS	19 HUGHES	
CITY-ST-ZIP	IRVINE, CA 92618	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DREYER, DAVID	
STREET ADDRESS	19 HUGHES	
CITY-ST-ZIP	IRVINE CA 92618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: _____ **4/23/01** **949-455-4700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)