FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # F95000001408 (2)

1. Corporation Name
TAP PHARMACEUTICALS INC.

Principal Place of Business: 2355 WAUKEGAN RD. DEERFIELD IL 60015
Mailing Address: 2355 WAUKEGAN RD. DEERFIELD IL 60015

3. Date Incorporated or Qualified: 03/23/1995
3a. Date of Last Report:
4. FEI Number: ~~APPLIED FOR~~ 36-4010023 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 2355 Waukegan Rd
Suite, Apt. #, etc.
22
City & State
23 Deerfield, IL
Zip 24 60015 Country 25 USA

2a. Mailing Address
26 2355 Waukegan Rd
Suite, Apt. #, etc.
27
City & State
28 Deerfield, IL
Zip 29 60015 Country 30 USA

9. **Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 ______ NOTE: Registered Agent signature required when reinstating. DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HASEGAWA, YASU	
STREET ADDRESS	2355 WAUKEGAN RD.	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	P	☐ DELETE
NAME	MCSHANE, MAUREEN M	
STREET ADDRESS	2355 WAUKEGAN RD.	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	V	☐ DELETE
NAME	LUSSEN, JOHN F	
STREET ADDRESS	2355 WAUKEGAN RD.	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	S	☐ DELETE
NAME	GOLDBERG, HONEY L	
STREET ADDRESS	2355 WAUKEGAN RD.	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	S	☐ DELETE
NAME	TAKEDA, ISAO	
STREET ADDRESS	2355 WAUKEGAN RD.	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 supplement if 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: X [signature] Yasu Hasegawa — 2/6/96 — 847-317-5720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone