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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 ROAD
DEERFIELD IL 60015
US

Mailing Address

2355 WAUKEGAN ROAD
DEERFIELD IL 60015-1586
US

2. Principal Place of Business

21 2355 Waukegan Rd.

Suite, Apt. #, etc.

2a. Mailing Address

26 same

Suite, Apt. #, etc.

22 City & State

23 Deerfield IL

Zip

24 60015

Country

25 USA

27 City & State

28 same

Zip

29 same

Country

30

3. Date Incorporated or Qualified

03/23/1995

3a. Date of Last Report

02/13/1996

4. FEI Number

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

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

Signature, type or printed name of registered agent and title if applicable.

(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

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97

847-988-1154

Date

Daytime Phone #

CR2E034 (9/96)