

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90155 022 ***150.00

DOCUMENT # F95000001408

1. Entity Name

TAP PHARMACEUTICALS INC.

Principal Place of Business

**2355 WAUKEGAN RD
DEERFIELD IL 60015
US**

Mailing Address

**100 ABBOTT PARK RD
D367/AP6D
ABBOTT PARK IL 60064
US****765630**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

675 North Field Drive

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake Forest, IL

City & State

4. FEI Number

36-4010023

Applied For

Not Applicable

Zip
60045Country
Lake

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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!!! FEE IS \$150.00
After MAY 1, 2001 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 **PD** ☐ Delete
NAME **WATKINS, H. THOMAS**
STREET ADDRESS **2355 WAUKEGAN RD.**
CITY-ST-ZIP **DEERFIELD IL 60015**TITLE **S** ☐ Delete
NAME **SMITH, BRIAN**
STREET ADDRESS **100 ABBOTT PARK RD**
CITY-ST-ZIP **ABBOTT PARK IL 60064**TITLE **V** ☐ Delete
NAME **LUSSEN, JOHN F**
STREET ADDRESS **100 ABBOTT PARK RD**
CITY-ST-ZIP **DEERFIELD IL 60064**TITLE **S** ☒ Delete
NAME **GOLDBERG, HONEY L**
STREET ADDRESS **100 ABBOTT PARK RD**
CITY-ST-ZIP **DEERFIELD IL 60064**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **675 North Field Drive**
CITY-ST-ZIP **Lake Forest, IL 60045**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **AS**
STREET ADDRESS **Hiroshi Shinha**
CITY-ST-ZIP **675 North Field Drive**
Lake Forest, IL 60045TITLE ☐ Change ☒ Addition
NAME **AS**
STREET ADDRESS **Kenneth D. Greisman**
CITY-ST-ZIP **675 North Field Drive**
Lake Forest, IL 60045TITLE ☐ Change ☐ 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE**John F. Lussen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)