
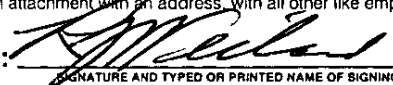


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90566 001 \*\*\*150.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # F95000001408</b><br>1. Entity Name<br>TAP PHARMACEUTICALS INC.  |  |   |  |  |  |
| Principal Place of Business<br>675 N. FIELD DRIVE<br>LAKE FOREST, IL 60045 US   |  |   | Mailing Address<br>100 ABBOTT PARK RD<br>D367/AP6D<br>ABBOTT PARK, IL 60064 US   |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |   |  |
| City & State  |  | City & State  |  |   |  |
| Zip   | Country  | Zip   | Country  |   |  |
| 6. Name and Address of Current Registered Agent   |  |   |  | 7. Name and Address of New Registered Agent                                       |  |
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND RD.<br>PLANTATION, FL 33324  |  |   |  | 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. I am familiar with, and accept the obligations of registered agent.   |  |   |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be<br>Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>WATKINS, H. THOMAS<br>675 N. FIELD DRIVE<br>LAKE FOREST, IL 60045 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Alan MacKenzie<br>675 N. Field Drive<br>Lake Forest, IL 60045 <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>SMITH, BRIAN<br>100 ABBOTT PARK RD<br>ABBOTT PARK, IL 60064 <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | Vacant Position <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPT<br>SHOULTZ, AJ<br>100 ABBOTT PARK RD<br>DEERFIELD, IL 60064 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | Vice President, Taxes <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Ralph Weiland<br>100 Abbott Park Rd<br>Abbott Park, IL 60064 <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | AS<br>SHINHA, HIROSHI<br>675 N. FIELD DRIVE<br>LAKE FOREST, IL 60045 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | AS<br>GREISMAN, KENNETH D<br>675 N. FIELD DRIVE<br>LAKE FOREST, IL 60045 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | Exec. V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Glenn Warner<br>675 N. Field Dr.<br>Lake Forest, IL 60045   |   |  |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |  |   |  |
| SIGNATURE:   |  | Ralph Weiland   |  | 4/7/05 (847) 938-6831   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date  |  | Daytime Phone #   |  |