

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90363 033 \*\*\*150.00

**DOCUMENT # F95000001408**

1. Entity Name  
**TAP PHARMACEUTICALS INC.**



Principal Place of Business  
**675 N. FIELD DRIVE  
LAKE FOREST, IL 60045 US**

Mailing Address  
**100 ABBOTT PARK RD  
D367/AP6D  
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

04122006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**36-4010023**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **MCKENZIE, ALAN**  
STREET ADDRESS **675 N. FIELD DRIVE**  
CITY-ST-ZIP **LAKE FOREST, IL 60045**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPT** ☒ Delete  
NAME **WEILAND, RALPH**  
STREET ADDRESS **100 ABBOTT PARK RD**  
CITY-ST-ZIP **ABBOTT PARK, IL 60064**

TITLE **VPT** ☒ Change ☐ Addition  
NAME **Nolan, Thomas L.**  
STREET ADDRESS **100 Abbott Park Rd**  
CITY-ST-ZIP **Abbott Park, IL 60064**

TITLE **AS** ☐ Delete  
NAME **SHINHA, HIROSHI**  
STREET ADDRESS **675 N. FIELD DRIVE**  
CITY-ST-ZIP **LAKE FOREST, IL 60045**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☐ Delete  
NAME **GREISMAN, KENNETH D**  
STREET ADDRESS **675 N. FIELD DRIVE**  
CITY-ST-ZIP **LAKE FOREST, IL 60045**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **EVP** ☐ Delete  
NAME **WARNER, GLENN**  
STREET ADDRESS **675 N FIELD DR**  
CITY-ST-ZIP **LAKE FOREST, IL 60045**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas L. Nolan Thomas L. Nolan 4/12/06 (847) 937-4812  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #