

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90051 007 ***150.00

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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 60064-6057**



03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
NOLAN, THOMAS L
100 ABBOTT PARK RD
ABBOTT PARK, IL 60064**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/2008
Date

Daytime Phone #