

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002050

1. Entity Name

XYBION CORPORATION

Principal Place of Business

11528 53RD STREET NORTH
CLEARWATER FL 33760-4825

Mailing Address

11528 53RD STREET NORTH
CLEARWATER FL 33760-4825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2066459

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

PENTON, ALVIN
AIRPORT BUSINESS CENTER
11528 53RD STREET NORTH
CLEARWATER FL 34622

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33760-4825

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete
NAME FROST, PAUL A
STREET ADDRESS 12 CARSWELL COURT
CITY-ST-ZIP BASKING RIDGE NJ 07920

TITLE D ☐ Delete
NAME FROST, DAVID R
STREET ADDRESS 10385 EL CAPITAN REAL ROAD
CITY-ST-ZIP EL CAJON CA 92021

TITLE D ☐ Delete
NAME HOUK, VICTOR
STREET ADDRESS 4599 CAMINO DEL MIRASOL
CITY-ST-ZIP SANTA BARBERA CA 93110

TITLE EVP ☐ Delete
NAME NEGLIA, DAVID M
STREET ADDRESS 7 JOHN DRIVE
CITY-ST-ZIP ANNADALE N. 08801

TITLE S ☐ Delete
NAME MINK, FRAN
STREET ADDRESS 39 LAFAYETTE ST.
CITY-ST-ZIP WHARTON NJ 07885

TITLE CFOT ☐ Delete
NAME PORFANO, STEVEN L
STREET ADDRESS 9 BOEHM DR
CITY-ST-ZIP LEBANON NJ 08833

TITLE Director ☐ Change ☒ Addition
NAME R. Dean Hartwick
STREET ADDRESS 2420 Palos Verdes Drive West
CITY-ST-ZIP Palos Verdes Estates, CA 90274

TITLE Director ☐ Change ☒ Addition
NAME George B. Anderson
STREET ADDRESS 283 Via Villena
CITY-ST-ZIP Encinitas, CA 92024

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

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

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

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

(973) 538-5111

Daytime Phone #

0528206

CR2E034 (10/00)