FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004811 (4)

NEXSTAR PHARMACEUTICALS, INC.

							. 	
Principal Place of Business Mailing Address				A COLINEA AND VENT BEAU BEAU BEAU BEAU BEAU BEAU BANK BANK BANK BANK BANK BANK BANK BANK				
2880 WILDERN BOULDER CO		2860 WILDERNESS PLAC BOULDER CO 80301-5415						
						3. Date Incorporated or Qualified 10/05/1995	3a. Date of Last 05/01/1996	
2. Principal F	flace of Business	2a. Mailing Address				4. FEI Number	····	Applied For
21		26			,	84-1173453	······································	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				6. Certificate of Status Desired	1 1	5 Additional Required
City & Stat	te	City & State				6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees		
Žφ	Country Zip		Cou	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30	30		Florida Statutes Yes No		
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Reg	Istered Agent	
CT	CORPORATION SYSTEM			81	Name			
1200 SOUTH PINE ISLAND ROAD				82	Street Add	ress (P.O. Box Number is Not Acceptable)	
PLA	NTATION FL 33324			83		· · · · · · · · · · · · · · · · · · ·	***************************************	
				84	City		FL 85 Z	p Code
office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida Such change was	authorize	d by	the corpora	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing the appointment	g its registered as registered
SIGNATURE								
! 	Signature, type dior printed name of registered ag			d Age	nt signalure requi	red when reinstating)	DATE	000.0140
12.	PD OFFICERS AN	D DIRECTORS DELETE	13.	Y. F		ADDITIONS/CHANGES TO OFFICE	Chang	
MLE - NAME	MAHAFFY, PATRICK J		1		}		C Onang	C
STREET ACCIDESS 2860 WILDERNESS PLACE			1.2 NAME 1.3 STREET ADDRESS		ADDDCCC			
2011 PEO 00 20004				CHTY-ST-ZIP				1
C-TY-ST ZIP TITLE	V	DELETE			1-212	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Chang	e Addition
NAME	HART, MICHAEL			22 NAME				, C.
STREET ADDRESS	2860 WILDERNESS PLACE		2 3 STREET ADDI		annorce			i
Clark Strain	BOILDER CO	1			- 1			l
DILL	DC DELETE			2. 4 CITY - ST - ZIP 3.1 TITLE			☐ Chang	e Addition
MAME			3.2 N		}			
STREET ADDRESS	2860 WILDERNESS PLACE				ADDRESS			
City-St-ZIP	BOULDER CO 80301		1		T-ZIP			
TITLE	8	👿 DELETE	4.1 Tr	******		S	☐ Chang	e 🗶 Addition
NAME	COCHRAN, ADAM		4.2 N	AME	1 '	Larry Smith		
STREET ADDRESS	2860 WILDERNESS PLACE		4.3 \$1	R£ET		2860 Wilderness Pla	ace	
CHY+S1+ZIP	BOULDER CO					Boulder, CO 80301		
îij.F	1	X DELETE	51T)	TLE		r	☐ Chang	je 🔀 Addition
N4ME	COLBURN, JILL			AME		Lauri Harker		
STREET ASIDRESS	650 CLIFFSIDE DR.			IREET		LUCO MITACINODO IITACO		
CDY-ST-ZiP	SAN DIMAS CA			TY-S		Boulder, CO 80301		
TrillE	D	☐ DELETE	6.1 TI	TLE			Chang	je 🔲 Addition
NAME	MOORHEAD, RODMAN W III		6.2 N	AME	1			
STREET ADDRESS	1		6.3 S	TAEET	ADDRESS			į
C TY - S1 - ZIP	NEW YORK NY 10017		6.4 C	TY-5	T-21P			

14. I do noteby 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 inclicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that have an other 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

SIGNATURE:

appears in Block 12 or Block 13

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97

(303) 444-5893

FILED

May 08 1997 8:00am

Secretary of State

Daylime Phone #