

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90039 046 ***150.00

DOCUMENT # F95000004811

1. Entity Name

NEXSTAR PHARMACEUTICALS, INC.

Principal Place of Business

Mailing Address

**2860 WILDERNESS PLACE
 BOULDER CO 80301**

**2860 WILDERNESS PLACE
 BOULDER CO 80301-5467**

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

84-1173453

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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.

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, 2000 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 PD ☒ Delete
 NAME MAHAFFY, PATRICK J
 STREET ADDRESS 2860 WILDERNESS PLACE
 CITY-ST-ZIP BOULDER CO 80301

TITLE P/D ☒ Change ☐ Addition
 NAME John C. Martin
 STREET ADDRESS 2860 Wilderness Place
 CITY-ST-ZIP Boulder, CO 80301

TITLE V ☒ Delete
 NAME HART, MICHAEL
 STREET ADDRESS 2860 WILDERNESS PLACE
 CITY-ST-ZIP BOULDER CO

TITLE T/S/D ☒ Change ☐ Addition
 NAME Mark L. Perry
 STREET ADDRESS 2860 Wilderness Place
 CITY-ST-ZIP Boulder, CO 80301

TITLE DC ☒ Delete
 NAME GOLD, LARRY
 STREET ADDRESS 2860 WILDERNESS PLACE
 CITY-ST-ZIP BOULDER CO 80301

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

TITLE S ☒ Delete
 NAME SMITH, LARRY
 STREET ADDRESS 2860 WILDERNESS PLACE
 CITY-ST-ZIP BOULDER CO

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

TITLE T ☒ Delete
 NAME HARKER, LAURI
 STREET ADDRESS 2860 WILDERNESS PLACE
 CITY-ST-ZIP BOULDER CO

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

TITLE D ☒ Delete
 NAME MOORHEAD, RODMAN W III
 STREET ADDRESS 466 LEXINGTON AVE.
 CITY-ST-ZIP NEW YORK NY 10017

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:

Secretary

4/10/00

(303) 546-7853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #