

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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1 of 2

DOCUMENT # F97000004831



FILED

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA



1. Entity Name
MDS PHARMA SERVICES (US) INC.

Principal Place of Business
621 ROSE ST.
LINCOLN NE 68502

Mailing Address
621 ROSE ST.
LINCOLN NE 68502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 47-0435749

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name **NRAT Services, Inc**
Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue
City **Tallahassee** FL Zip Code **32301**

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

ANTHONY J. ALDAMORE, ASST. SECRETARY 1/29/03
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	SVP	<input type="checkbox"/> Delete
NAME	MC CLURG, JAMES E	
STREET ADDRESS	621 ROSE ST.	
CITY-ST-ZIP	LINCOLN NE 68502	
TITLE	DSVP	<input type="checkbox"/> Delete
NAME	SEEVER, SAMUEL F	
STREET ADDRESS	621 ROSE STREET	
CITY-ST-ZIP	LINCOLN NE 68501 68502	
TITLE	DCFO	<input type="checkbox"/> Delete
NAME	MITCHELL, KEITH C	
STREET ADDRESS	621 ROSE STREET	
CITY-ST-ZIP	LINCOLN NE 68501 68502	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, JOHN A	
STREET ADDRESS	621 ROSE ST.	
CITY-ST-ZIP	LINCOLN NE 68502	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	SQUIRES, DOUGLAS J	
STREET ADDRESS	621 ROSE ST.	
CITY-ST-ZIP	LINCOLN NE 68502	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	See attached for current	
STREET ADDRESS	Listing of officers + directors	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100013175921	
STREET ADDRESS	02/27/03--01082--022 **150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

Jan 27, 2003 402-437-4841
Date Daytime Phone #

CR2E034 (10/02)

2052

MDS Pharma Services (US) Inc.

Officers and Directors

Name	Douglas J. P. Squires, President & Chief Executive Officer	O&D
Address	621 Rose Street	
City, State, Zip	Lincoln, NE 68502	

Name	Samuel F. Seever, Vice President and Secretary	O&D
Address	621 Rose Street	
City, State, Zip	Lincoln, NE 68502	

Name	Peter E. Brent, Assistant Secretary	O&D
Address	621 Rose Street	
City, State, Zip	Lincoln, NE 68502	

Name	Keith C. Mitchell, Treasurer	O
Address	621 Rose Street	
City, State, Zip	Lincoln, NE 68502	

Name	James E. McClurg, Senior Vice President	O
Address	621 Rose Street	
City, State, Zip	Lincoln, NE 68502	

Name	Peter D. Winkley, Vice President	O
Address	621 Rose Street	
City, State, Zip	Lincoln, NE 68502	

Name	Anthony Businskis, Chief Financial Officer	O
Address	621 Rose Street	
City, State, Zip	Lincoln, NE 68502	

O&D - designates officer and director

O - designates officer only