

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90003 017 ***550.00

DOCUMENT # **F98000001831**

1. Corporation Name
NOVAEON, INC.



Principal Place of Business
**THREE STATION SQUARE, STE. 105
PAOLI PA 19301**

Mailing Address
**THREE STATION SQUARE, STE. 105
PAOLI PA 19301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1998

2. Principal Place of Business

21 **9665 Chesapeake Dr.**

Suite, Apt. #, etc.

22 **#430**

City & State

23 **San Diego, CA**

Zip

24 **92123**

Country

25 **USA**

2a. Mailing Address

26 **9665 Chesapeake Dr.**

Suite, Apt. #, etc.

27 **#430**

City & State

28 **San Diego, CA**

Zip

29 **92123**

Country

30 **USA**

4. FEI Number

23-2915228

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes ☐ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D MCBRIDE, WILLIAM J**
STREET ADDRESS **THREE STATION SQUARE, STE. 105**
CITY-ST-ZIP **PAOLI PA 19301**

TITLE ☐ DELETE
NAME **D CHANNING, WALTER**
STREET ADDRESS **THREE STATION SQUARE, STE. 105**
CITY-ST-ZIP **PAOLI PA 19301**

TITLE ☐ DELETE
NAME **D GOLDSMITH, DAVID L**
STREET ADDRESS **555 CALIFORNIA ST., STE. 2600**
CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE ☐ DELETE
NAME **PCEO SULLIVAN, PATRICK J**
STREET ADDRESS **117 GREAT VALLEY PKWY.**
CITY-ST-ZIP **MALVERN PA 19355**

TITLE ☐ DELETE
NAME **D CARNEY-LARSON, COLLEEN**
STREET ADDRESS **6600 SW 92ND AVE., STE. 360**
CITY-ST-ZIP **PORTLAND OR 97233**

TITLE ☒ DELETE
NAME **VT BRENNAN, WILLIAM F**
STREET ADDRESS **THREE STATION SQUARE, STE. 105**
CITY-ST-ZIP **PAOLI PA 19301**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **CFO**
6.3 STREET ADDRESS **Rich Morgan**
6.4 CITY-ST-ZIP **9665 Chesapeake Dr. #403**
San Diego, CA 92123

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/13/99 619-503-2100

CR2E034 (5/99)