

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001831

1. Entity Name

NOVAEON, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90049 050 ***158.75

Principal Place of Business

9665 CHESAPEAKE DR
#430
SAN DIEGO CA 92123
US

Mailing Address

9665 CHESAPEAKE DR
#430
SAN DIEGO CA 92123-1384
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2915228

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1210 Ward Avenue #300
CITY-ST-ZIP West Chester, PA 19380

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1041 Third Avenue
CITY-ST-ZIP New York, NY 10021

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9665 Chesapeake Dr. #430
CITY-ST-ZIP San Diego, CA 92123

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

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

TITLE ☐ Delete
NAME CFO
STREET ADDRESS MORGAN, RICH
CITY-ST-ZIP 9665 CHESAPEAKE DR #403
SAN DIEGO CA 92123

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9665 Chesapeake Drive #430
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

Date

Daytime Phone #

CR2E034 (9/99)