ocument Number Only 0.303CT Corporation System 000002539180--6 -05/28/98--01065--007 Requestor's Name 660 East Jefferson Street ******8.75 ******8.75 Address Tallahassee, FL 32310 222-1092 000002539180--6 -05/28/98--01065--008 City State Phone Zip *****70.00 *****70.00 **CORPORATION(S) NAME** (otherapies) Profit) NonProfit () Amendment () Merger () Dissolution/Withdrawal () Limited Liability Company Foreign) Limited Partnership () Annual Report () Other () Reinstatement ()Name Registration () Change of R.A. ()UCC-1 Financing Statement() UCC-3 Filing ()Fictitious Name V) CUS () Photo Copies () Certified Copy (A) Call if Problem () Call When Ready) After 4:30 (x) Walk In () Will Wait Pick Up () Mail Out Name Availability Please Return Extra Copies File Stamped. Document Thank You!! Examiner Updater Verifier Acknowledament

CR2E031 (1-89)

W.P. Verifier

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of corporation: must include the word "INCORPORATED", "CON abbreviations of like import in language as will clearly indicate that it is a or partnership if not so contained in the name at present.)	a corporation instead of a natural person
2. Delaware	3. 33-0737682
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
f. June 7, 1996 (Date of incorporation) 5. Perpetual (Duration: Year of	corp. will cease to exist or "perpetual")
(Sale of mosperation) (Salation, 188)	corp. will cease to exist or perpetual)
6. Upon qualification	
(Date first transacted business in Florida. (See sections 607.1501, 607.1	502, and 817.156, F.S.)) 98 50
. One Lincoln Centre, Suite li	195
Oakbrook Terrace IL 60 (Current mailing address)	181 B CARE -
(Current mailing address)	7 0.8 2 A
. To engage in any lawful act or activit	3: 45 45
(Purpose(s) of corporation authorized in home state or country to be carri Florida)	ied out in the state of
Name and street address of Florida registered agent:	
Name: C T Corporation System	
C/o C T Corporation System, 1200 Sout Office Address: Island Road	h Pine
Plantation , Florida, 33324 (Zip Code	<u>·</u> · · · · · · · · · · · · · · · · · ·
)

and I am familiar with and accept the obligation of my position as registered agent.

C T Corporation System

(FL - 2189 - 11/16/94)

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and addresses of officers and/or directors:

A.	DIRECTORS	SEE ATTACHED	
	Chairman:		
			- · · · · · · · · · · · · · · · · · · ·
	Vice Chairr	man:	
	Address:		
	Dina stans		
	Address:		<i>u</i> –
			= 4 T
	Director:		/
	Address: _		
	_		
В.	OFFICERS		
	President:		. North Williams
			-
	Vice Presid	lent:	-
	Address: _		
	_		
	Secretary:		
	Address: _		
	-		

UROTHERAPIES, INC. E. I. N. 33-0737682 DIRECTORS AND OFFICERS

Name	and	Address

Position

Michael D. Klein UroTherapies, Inc. One Lincoln Centre, Suite 1095 Oakbrook, Illinois 60181

Senior Vice President and Chief Financial Officer

President and Chief Executive Officer, Director

Robert Bukala UroTherapies, Inc. One Lincoln Centre, Suite 1095 Oakbrook, Illinois 60181

Olav B. Bergheim UroTherapies, Inc. One Lincoln Centre, Suite 1095 Oakbrook, Illinois 60181 Chairman of the Board, Director

Eve Kurtin UroTherapies, Inc. One Lincoln Centre, Suite 1095 Oakbrook, Illinois 60181

Director

Paul DeRidder, M.D. UroTherapies, Inc. One Lincoln Centre, Suite 1095 Oakbrook, Illinois 60181

Brian H. Dovey UroTherapies, Inc. One Lincoln Centre, Suite 1095 Oakbrook, Illinois 60181

Ralph C. Sabin UroTherapies, Inc. One Lincoln Centre, Suite 1095 Oakbrook, Illinois 60181

Richard S. Schneider UroTherapies, Inc. One Lincoln Centre, Suite 1095 Oakbrook, Illinois 60181 Director

Director

Director

Director

ı reasurer: _	
Address:	
and/or directors.	may attach an addendum to the application listing additional officer O. Kleen Vice Chairman, or any officer listed in number 12 of the
application)	, vice Chairman, or any onicer listed in number 12 of the
14. Michael D. Klein, F	resident
(Typed or printed name	and capacity of person signing application)

98 MAY 28 PM 3: 46

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "UROTHERAPIES, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF
MAY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

HAVE BEEN PAID TO DATE.

SECRETARY OF STATE
DIVISION OF CORPORATIONS



Edward J. Freel, Secretary of State

AUTHENTICATION:

9103677

DATE:

05-27-98

2631690 8300

981202591