

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90127 011 ***150.00

DOCUMENT # **F98000004576**

1. Corporation Name

TRIUMPH PHARMACEUTICALS INC.

Principal Place of Business
**5845 S. CLAYTON CT.
GREENWOOD VILLAGE CO 80121**

Mailing Address
**5845 S. CLAYTON CT.
GREENWOOD VILLAGE CO 80121**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1998

4. FEI Number

84-1360869

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4933 N. Tamiami Trail

Suite, Apt. #, etc.

22 City & State
23 Naples, Florida

24 Zip Country
34103 USA

2a. Mailing Address

26 4933 N. Tamiami Trail

Suite, Apt. #, etc.

27 City & State
28 Naples, Florida

29 Zip Country
34103 USA

9. Name and Address of Current Registered Agent

**DARCY, JOHN M
4933 N. TAMiami TRAIL SUITE 201
NAPLES FL 34103**

10. Name and Address of New Registered Agent

81 Name **Dr. Susanne Southworth**

82 Street Address (P.O. Box Number is Not Acceptable)
4933 N. Tamiami Trail

83

84 City **Naple,** **FL** 85 Zip Code **34103**

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

Susanne Southworth, DDS

4/28/99

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 **P** ☒ DELETE
NAME **DARCY, JOHN M**
STREET ADDRESS **5845 S. CLAYTON CT.**
CITY-ST-ZIP **GREENWOOD VILLAGE CO 80121**

TITLE **C** ☐ DELETE
NAME **COHEN, MARVIN**
STREET ADDRESS **14 HIGH ACRES**
CITY-ST-ZIP **ST LOUIS MO 63132**

TITLE **V** ☐ DELETE
NAME **SOUTHWORTH, SUSANNE**
STREET ADDRESS **408 COURTSIDE DRIVE**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **P/S/T/D** ☒ 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
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Susanne Southworth, DDS* **4-28-99** **941-430-0695**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)