

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90277 048 \*\*\*150.00

**DOCUMENT # F99000003763**

1. Entity Name  
**APPLIED GENETICS, INC.**

Principal Place of Business

**1524 SOUTH IH 35  
STE 200  
AUSTIN TX 78704**

Mailing Address

**1524 SOUTH IH 35  
STE 200  
AUSTIN TX 78704**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4509 Friedrich Lane**

**Bldg 1, Suite 100**

**Austin TX**

**78744**



DO NOT WRITE IN THIS SPACE

4. FEI Number **74-2414671**

Applied For  
Not Applicable

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCCOMBS, JEROME PHD</b>	
STREET ADDRESS	<b>1524 SOUTH IH 35- #200</b>	
CITY-ST-ZIP	<b>AUSTIN TX 78739</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MIGNATTI, ROBERT A</b>	
STREET ADDRESS	<b>98 SAN JACINTO BLVD #350</b>	
CITY-ST-ZIP	<b>AUSTIN TX 78701</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> Delete
NAME	<b>IRVIN, JON</b>	
STREET ADDRESS	<b>98 SAN JACINTO BVD #350</b>	
CITY-ST-ZIP	<b>AUSTIN TX 78701</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>BEHRMAN, DARRYL G</b>	
STREET ADDRESS	<b>2 WILLOW LANE</b>	
CITY-ST-ZIP	<b>SCARSDALE NY 10583-3412</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> Delete
NAME	<b>BEHRMAN, GRANT G</b>	
STREET ADDRESS	<b>13 ROLLING HILLS LANE</b>	
CITY-ST-ZIP	<b>HARRISON NY 10528-1705</b>	
TITLE	<b>CFO</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DEFESCHE, CHARLES L</b>	
STREET ADDRESS	<b>5608 VAN WINKLE LANE</b>	
CITY-ST-ZIP	<b>AUSTIN TX 78739</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4509 Friedrich Lane, Bldg 1, Suite 100</b>	
CITY-ST-ZIP	<b>Austin TX 78744</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4509 Friedrich Lane, Bldg 1, Suite 100</b>	
CITY-ST-ZIP	<b>Austin TX 78744</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

**Jon Irvin**

**4-16-01**

**(512) 225-1100**

Date

Daytime Phone #

CR2E034 (10/00)