

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90102 008 ***550.00

DOCUMENT # F99000003763

1. Entity Name
APPLIED GENETICS, INC.

Principal Place of Business

1524 SOUTH IH 35
 STE 200
 AUSTIN TX 78704

Mailing Address

4509 FRIEDRICH LANE
 BLDG 1, SUITE 100
 AUSTIN TX 78744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-2414671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of, registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **MCCOMBS, JEROME PHD**
 STREET ADDRESS **1524 SOUTH IH 35- #200**
 CITY-ST-ZIP **AUSTIN TX 78739**

TITLE **Lab Director** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **MIGNATTI, ROBERT A**
 STREET ADDRESS **4509 FRIEDRICH LANE, BLDG 1, SUIT 100**
 CITY-ST-ZIP **AUSTIN TX 78744**

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

TITLE **CFO** ☐ Delete
 NAME **IRVIN, JON**
 STREET ADDRESS **4509 FRIEDRICH LANE, BLDG 1, SUITE 100**
 CITY-ST-ZIP **AUSTIN TX 78744**

TITLE **VP Finance and Director** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** ☒ Delete
 NAME **BEHRMAN, DARRYL G**
 STREET ADDRESS **2 WILLOW LANE**
 CITY-ST-ZIP **SCARSDALE NY 10583-3412**

TITLE **CFO** ☐ Change ☒ Addition
 NAME **Ron Eidoll**
 STREET ADDRESS **4509 Friedrich Lane, Bldg 1, Ste 100**
 CITY-ST-ZIP **austin Tx 78744**

TITLE **VC** ☒ Delete
 NAME **BEHRMAN, GRANT G**
 STREET ADDRESS **13 ROLLING HILLS LANE**
 CITY-ST-ZIP **HARRISON NY 10528-1705**

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

TITLE **CEO** ☐ Delete
 NAME **MCCLINTIC, JIM**
 STREET ADDRESS **4509 FRIEDRICH LANE, BLDG 1, SUITE 100**
 CITY-ST-ZIP **AUSTIN TX 78744**

TITLE **CEO and Director** ☒ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/02

Date

512-225-1100

Daytime Phone #

CR2E034 (4/02)