

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91181 037 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99000006097

1. Entity Name
INO THERAPEUTICS, INC.



Principal Place of Business
6055 ROCKSIDE WOODS BLVD.
INDEPENDENCE, OH 44131

Mailing Address
6055 ROCKSIDE WOODS BLVD.
INDEPENDENCE, OH 44131

90129963



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
34-1870854

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **STRAUBE, RICHARD C**
STREET ADDRESS **64 OLD HIGHWAY 22**
CITY-ST-ZIP **CLINTON, NJ 08809**

TITLE **ST** ☐ Delete
NAME **LARKIN, ELIZABETH**
STREET ADDRESS **64 OLD HIGHWAY 22**
CITY-ST-ZIP **CLINTON, NJ 08809**

TITLE **D** ☐ Delete
NAME **KALLSTER, LARS**
STREET ADDRESS **AGA AB**
CITY-ST-ZIP **181-81 LINDENGO SWEDEN,**

TITLE **D** ☐ Delete
NAME **HARRYSON, TOMAS**
STREET ADDRESS **AGA AB**
CITY-ST-ZIP **181-81 LINDENGO SWEDEN,**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS **6 STATE ROUTE 173**
CITY-ST-ZIP **CLINTON, NJ 08809**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6 STATE ROUTE 173**
CITY-ST-ZIP **CLINTON, NJ 08809**

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

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

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **DENNIS SMITH**
CITY-ST-ZIP **ONE SHADOW LAKE**
CHADDS FORD, PA 19317

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

12. 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 10 or Block 11 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

4-25-03

Date

216-642-6608

Daytime Phone #

CR2E034 (10/02)