

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90139 046 ***150.00

DOCUMENT # EG75769

1. Corporation Name

MEDCHEM CORPORATION

Principal Place of Business

41 EAST 1820 SOUTH
OREM, UTAH 84058
US

Mailing Address

41 EAST 1820 SOUTH
OREM, UTAH 84058
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12-22-1983

4. FEI Number

59-2356945

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 41 EAST 1820 SOUTH

Suite, Apt. #, etc.

22

City & State

23 OREM, UTAH

Zip

24 84058

Country

25 USA

2a. Mailing Address

26 41 EAST 1820 SOUTH

Suite, Apt. #, etc.

27

City & State

28 OREM, UTAH

Zip

29 84058

Country

30 USA

9. Name and Address of Current Registered Agent

RACKLIFFE, RICHARD
1135 RUSSELL DR.
ST PETERSBURG, FLORIDA 33710

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL.

85 Zip Code

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

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 CD ☐ DELETE
NAME CALL, EUGENE C.
STREET ADDRESS 41 EAST 1820 SOUTH
CITY-ST-ZIP OREM, UTAH 84058

TITLE STD ☐ DELETE
NAME CALL, MARVA
STREET ADDRESS 41 EAST 1820 SOUTH
CITY-ST-ZIP OREM UTAH 84058

TITLE PD ☐ DELETE
NAME TORRES, RIGOBERTO A.
STREET ADDRESS 526 GRANADA
CITY-ST-ZIP GARLAND TX. 75043

TITLE VD ☐ DELETE
NAME TORRES, CYNTHIA
STREET ADDRESS 526 GRANADA
CITY-ST-ZIP GARLAND, TX. 75043

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 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE C. CALL

3-30-1999

801-224-5236

Date

Daytime Phone #

CR2E034 (11/98)