

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90008 023 \*\*\*550.00

**DOCUMENT # H33345**

1. Entity Name  
**THERAKOS, INC.**



Principal Place of Business  
**437 CREAMERY WAY  
EXTON, PA 19341 US**

Mailing Address  
**437 CREAMERY WAY  
EXTON, PA 19341 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09022004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**22-2575957**

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

**CT CORPORATION SYSTEM  
1200 S. 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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME **VD**  
STREET ADDRESS **WALDER, H M**  
CITY-ST-ZIP **12 LONG DR  
DOWNTOWN, PA** ☐ Delete

TITLE  
NAME **P**  
STREET ADDRESS **DAVIS, ROY N**  
CITY-ST-ZIP **OCC, 437 CREAMERY WAY  
EXTON, PA 19341** ☐ Delete

TITLE  
NAME **S**  
STREET ADDRESS **PALO, R R**  
CITY-ST-ZIP **ONE JOHNSON & JOHNSON PLACE  
NEW BRUNSWICK, PA** ☐ Delete

TITLE  
NAME **S**  
STREET ADDRESS **MCCULLEY, M.B.**  
CITY-ST-ZIP **ONE JOHNSON & JOHNSON PLZ  
NEW BRUNSWICK, NJ.,** ☐ Delete

TITLE  
NAME **AT**  
STREET ADDRESS **SHARAK, R E**  
CITY-ST-ZIP **20 MICHAEL WAY  
PENNINGTON, NJ 08534** ☒ Delete

TITLE  
NAME **S**  
STREET ADDRESS **BERMAN, S P**  
CITY-ST-ZIP **ONE JOHNSON & JOHNSON PLACE  
NEW BRUNSWICK, PA** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **Camp, C A**  
STREET ADDRESS **437 Creamery Way**  
CITY-ST-ZIP **Exton, PA 19341** ☐ Change ☒ Addition

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

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

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

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

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

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

Date

Daytime Phone #