

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020882

FILED  
Apr 18, 2011  
Secretary of State

Entity Name: AURAZYME PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

1655 ROBERTS BLVD NW  
KENNESAW, GA 30144

**New Principal Place of Business:**

**Current Mailing Address:**

1655 ROBERTS BLVD NW  
KENNESAW, GA 30144

**New Mailing Address:**

FEI Number: 59-2417093

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: ANDERSON, STEVEN G  
Address: 1655 ROBERTS BLVD. NW  
City-St-Zip: KENNESAW, GA 30144

Title: D  
Name: MCCALL, RONALD  
Address: 220 E MADISON ST  
City-St-Zip: TAMPA, FL 33602

Title: VP  
Name: HEACOX, AL PHD  
Address: 1655 ROBERTS BLVD NW  
City-St-Zip: KENNESAW, GA 30144

Title: D  
Name: LEE, D. ASHLEY  
Address: 1655 ROBERTS BLVD. NW  
City-St-Zip: KENNESAW, GA 30144

Title: SEC  
Name: GABBERT, SUZANNE K  
Address: 1655 ROBERTS BLVD. NW  
City-St-Zip: KENNESAW, GA 30144

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUZANNE K. GABBERT

SEC

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date