

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90004 017 ***150.00

DOCUMENT # P01178

1. Entity Name

BERTEK PHARMACEUTICALS INC.

Principal Place of Business

**530 DAVIS DR
 MORRISVILLE NC 27560-6833
 US**

Mailing Address

**P O BOX 14149
 RESEARCH TRIANGLE PARK NC 27709-4149
 US**

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

74-1486230

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.

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **VPS** ☐ Delete
 NAME **RICHARDSON, WILLIAM**
 STREET ADDRESS **530 DAVIS DR**
 CITY-ST-ZIP **MORRISVILLE NC 27560**

TITLE **VP** ☒ Change ☐ Addition
 NAME **530 Davis Drive**
 STREET ADDRESS **Morrisville, NC 27560**
 CITY-ST-ZIP

TITLE **VPST** ☐ Delete
 NAME **SATTER, DAVID M**
 STREET ADDRESS **530 DAVIS DR**
 CITY-ST-ZIP **MORRISVILLE NC 27560**

TITLE **VP** ☒ Change ☐ Addition
 NAME **530 Davis Drive**
 STREET ADDRESS **Morrisville, NC 27560**
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **MAUZEY, JAMES**
 STREET ADDRESS **530 DAVIS DR**
 CITY-ST-ZIP **MORGANTOWN WV 26505**

TITLE **VP** ☒ Change ☐ Addition
 NAME **530 Davis Drive**
 STREET ADDRESS **Morrisville, NC 27560**
 CITY-ST-ZIP

TITLE **VP** ☒ Delete
 NAME **DIGKEY, DEWAYNE**
 STREET ADDRESS **9658 BEVERLY HILL**
 CITY-ST-ZIP **HOUSTON TX 77063**

TITLE **VP** ☐ Change ☐ Addition
 NAME **530 Davis Drive**
 STREET ADDRESS **Morrisville, NC 27560**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **PUSKAR, MIKE**
 STREET ADDRESS **508 WALNUT BEND**
 CITY-ST-ZIP **MORGANTOWN WV 26505**

TITLE **C** ☒ Change ☐ Addition
 NAME **781 Chestnut Ridge Road**
 STREET ADDRESS **Morgantown WV 26505**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **Leah Summers**
 STREET ADDRESS **781 Chestnut Ridge Road**
 CITY-ST-ZIP **Morgantown WV 26505**

TITLE **S** ☐ Change ☒ Addition
 NAME **Leah Summers**
 STREET ADDRESS **781 Chestnut Ridge Road**
 CITY-ST-ZIP **Morgantown WV 26505**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leah Summers

4/30/02
 Date

304-599-2595
 Daytime Phone #

CR2E034 (9/01)