

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 3:10

DOCUMENT # **P04598** (9)
1. Corporation Name
ICOS CORPORATION OF AMERICA

Principal Place of Business Mailing Address
151 GRAND AVENUE **151 GRAND AVENUE**
P.O. BOX 749 **P.O. BOX 749**
ENGLEWOOD NJ 07631 **ENGLEWOOD NJ 07631**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/08/1985** 3a. Date of Last Report **04/21/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

4. FEI Number **13-3246381** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES ST, STE 105
TALLAHASSEE FL 32301

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 reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **WATSON, ROBERT**
STREET ADDRESS **69 CROSSWICKS RIDGE ROAD**
CITY- ST- ZIP **WILTON CT**

TITLE **VD**
NAME **CATALANO, ANTONINO**
STREET ADDRESS **17 WOODBRIDGE ROAD**
CITY- ST- ZIP **HINGHAM MA**

TITLE **S**
NAME **KLEINER, SYLVIA**
STREET ADDRESS **450 GORGE ROAD**
CITY- ST- ZIP **CLIFFSIDE PARK NJ**

TITLE **S**
NAME **MCCARTHY, JOHANNA**
STREET ADDRESS **36-12 LINDSAY ROAD**
CITY- ST- ZIP **FAIR LAWN NJ**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY- ST- ZIP

31. TITLE Change Addition
32. NAME
33. STREET ADDRESS
34. CITY- ST- ZIP

41. TITLE Change Addition
42. NAME
43. STREET ADDRESS
44. CITY- ST- ZIP

51. TITLE Change Addition
52. NAME
53. STREET ADDRESS
54. CITY- ST- ZIP

61. TITLE Change Addition
62. NAME
63. STREET ADDRESS
64. CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sylvia Kleiner
Sylvia Kleiner

3/30/95

(201) 528-4411