

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000151632

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: SYNERGY PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

420 LEXINGTON AVE  
SUITE 1609  
NEW YORK, NY 10170

**New Principal Place of Business:**

**Current Mailing Address:**

420 LEXINGTON AVE  
SUITE 1609  
NEW YORK, NY 10170

**New Mailing Address:**

FEI Number: 20-3823853      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JACOB, GARY S  
Address: 420 LEXINGTON AVE, SUITE 1609  
City-St-Zip: NEW YORK, NY 10170

Title: VP ( ) Delete  
Name: DENOYER, BERNARD F  
Address: 420 LEXINGTON AVE, SUITE 1609  
City-St-Zip: NEW YORK, NY 10170

Title: C ( ) Delete  
Name: CERONNE, GABRIELLE M  
Address: 420 LEXINGTON AVE, SUITE 1609  
City-St-Zip: NEW YORK, NY 10170

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: JACOB, GARY  
Address: 420 LEXINGTON AVE, SUITE 1609  
City-St-Zip: NEW YORK, NY 10170

Title: V (X) Change ( ) Addition  
Name: DENOYER, BERNARD  
Address: 420 LEXINGTON AVE, SUITE 1609  
City-St-Zip: NEW YORK, NY 10170

Title: C (X) Change ( ) Addition  
Name: CERONNE, GABRIELLE  
Address: 420 LEXINGTON AVE, SUITE 1609  
City-St-Zip: NEW YORK, NY 10170

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BERNARD DENOYER

V

02/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date