## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 16, 2001 8:00 am Secretary of State **DOCUMENT # P07736** 1. Entity Name 05-16-2001 90021 022 \*\*\*150.00 **AVENTIS PASTEUR INC.** Mailing Address Principal Place of Business RT. 611 DISCOVERY DRIVE DISCOVERY DRIVE 550279 SWIFTWATER PA 18370-7187 SWIFTWATER PA 18370-7187 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 98-0033013 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back)" ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Srivice President [ ] Addition CFO TITLE ☐ Delete TITLE Brasa, Damian Discovery Drive ORAGA, DAMIAN A MAME NAME **DISCOVERY DRIVE** STREET ADDRESS STREET ADDRESS Suffrater, PA 18370 CITY-ST-ZIP CITY-ST-ZIP SWIFTWATER PA 18370 CFO ☐ Change ☐ Delete TITLE TITLE Farrell, William WILLIAMS, DAVID J. NAME NAME Discovery Drive **ROUTE 611** STREET ADDRESS STREET ADDRESS Swiftwater PA 18370 CITY-ST-ZIP CITY-ST-ZIP SWIFTWATER PA Change Addition ☐ Delete TITLE ROBINSON, JAMES M NAME NAME **DISCOVERY DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SWIFTWATER PA 18370** ☐ Addition Change ☐ Delete TITLE TITLE PISANO, WAYNE NAME NAME **DISCOVERY DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SWIFTWATER PA 18370 ☐ Delete TITLE ☐ Change ☐ Addition TITLE GIBBS, LUCINDA NAME NAME DISCOVERY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SWIFTWATER PA 18370 ☐ Addition TITLE ☐ Delete TITLE CLEARY, TIMOTHY B NAME NAME **DISCOVERY DRIVE** STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

**SWIFTWATER PA 18370** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR