FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:25

DOCUMENT # P11115 (3)

1. Corporation Name
ISK BIOSCIENCES CORPORATION

Principal Place of Business	Mailing Address
5966 HEISLEY ROAD P.O. BOX 8000 MENTOR OH 44061-5000	5966 HEISLEY ROAD P.O. BOX 8000 MENTOR OH 44061-5000

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/12/1986
3a. Date of Last Report: 04/12/1994
4. FEI Number: 34-1507195 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

INGRAM, DAVID M
GABLES CORPORATE PLAZA, SUITE 1000
2100 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	URBANOWSKI, RICHARD L.	1.2 NAME	DeRolf, Larry D.	
STREET ADDRESS	5966 HEISLEY ROAD	1.3 STREET ADDRESS	5966 Heisley Road	
CITY-ST-ZIP	MENTOR OH	1.4 CITY-ST-ZIP	Mentor, OH 44060	
TITLE	V	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	EILRICH, GARY L.	2.2 NAME	Peters, Howard	
STREET ADDRESS	5966 HEISLEY ROAD	2.3 STREET ADDRESS	2239 Haden Road	
CITY-ST-ZIP	MENTOR OH	2.4 CITY-ST-ZIP	Houston, TX 77015	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	ANDREWS, R. CRAIG	3.2 NAME		
STREET ADDRESS	5966 HEISLEY ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	MENTOR OH	3.4 CITY-ST-ZIP		
TITLE	TV	4.1 TITLE		☐ Change ☐ Addition
NAME	HICKS, FRANK O.	4.2 NAME		
STREET ADDRESS	5966 HEISLEY ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	MENTOR OH	4.4 CITY-ST-ZIP		
TITLE	CD	5.1 TITLE		☐ Change ☐ Addition
NAME	BARRY, FRANKLIN S.	5.2 NAME		
STREET ADDRESS	5966 HEISLEY ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	MENTOR OH	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	MADISON, ROBERT H.	6.2 NAME		
STREET ADDRESS	5966 HEISLEY RD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	MENTOR OH	6.4 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 119.07(3)(i), 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: R. Craig Andrews R. Craig Andrews, Secretary 1/25/95 216/357-4172
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470795 FP