


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 11 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P11115 (3)**  
1. Corporation Name  
**ISK BIOSCIENCES CORPORATION**



Principal Place of Business <b>5966 HEISLEY ROAD P.O. BOX 8000 MENTOR OH 44061-5000</b>	Mailing Address <b>5966 HEISLEY ROAD P.O. BOX 8000 MENTOR OH 44061-5000</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>08/12/1986</b>	
				4. FEI Number <b>34-1507195</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>INGRAM, DAVID M GABLES CORPORATE PLAZA, SUITE 1000 2100 PONCE DE LEON BLVD. CORAL GABLES FL 33134</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DEROLF, LARRY D.</b>			1.2 NAME	<b>SEE ATTACHED FOR COMPLETE LISTING OF ALL NEW OFFICERS/DIRECTORS.</b>		
STREET ADDRESS	<b>5966 HEISLEY ROAD</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MENTOR OH</b>			1.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PETERS, HOWARD</b>			2.2 NAME			
STREET ADDRESS	<b>2239 HADEN ROAD</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>HOUSTON TX</b>			2.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ANDREWS, R. CRAIG</b>			3.2 NAME			
STREET ADDRESS	<b>5966 HEISLEY ROAD</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MENTOR OH</b>			3.4 CITY-ST-ZIP			
TITLE	TV	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HICKS, FRANK O.</b>			4.2 NAME			
STREET ADDRESS	<b>5966 HEISLEY ROAD</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MENTOR OH</b>			4.4 CITY-ST-ZIP			
TITLE	CD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BARRY, FRANKLIN S.</b>			5.2 NAME			
STREET ADDRESS	<b>5966 HEISLEY ROAD</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MENTOR OH</b>			5.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MADISON, ROBERT H.</b>			6.2 NAME			
STREET ADDRESS	<b>5966 HEISLEY RD.</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MENTOR OH</b>			6.4 CITY-ST-ZIP			

14. 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 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: 

March 2, 1998 (302) 886-3091

CR2E034 (10/97)

## **ISK BIOSCIENCES CORPORATION**

<b><u>OFFICERS</u></b>	<b><u>TITLE</u></b>	<b><u>ADDRESS</u></b>
A. Keith Willard	Chairman of the Board/ Director	1800 Concord Pike, P.O. Box 15438 Wilmington, DE 19850-5438
Robert A. Woods	President/ Director	1800 Concord Pike, P.O. Box 15438 Wilmington, DE 19850-5438
Glenn M. Engelmann	Vice President/ Secretary/ Director	1800 Concord Pike, P.O. Box 15438 Wilmington, DE 19850-5438
Robert T. Kennedy	Vice President/ Treasurer/ Director	1800 Concord Pike, P.O. Box 15438 Wilmington, DE 19850-5438
Larry C. Lapple	Vice President	1800 Concord Pike, P.O. Box 15438 Wilmington, DE 19850-5438
Joseph L. Powell	Vice President/ Assistant Treasurer	1800 Concord Pike, P.O. Box 15438 Wilmington, DE 19850-5438
John P. Brazzo	Assistant Treasurer	1800 Concord Pike, P.O. Box 15438 Wilmington, DE 19850-5438
Gregory A. Davies	Assistant Treasurer	1800 Concord Pike, P.O. Box 15438 Wilmington, DE 19850-5438
Ann V. Booth-Barbarin	Assistant Secretary	1800 Concord Pike, P.O. Box 15438 Wilmington, DE 19850-5438