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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P15601** **(8)**

1. Corporation Name
SOLVAY PHARMACEUTICALS, INC.

Principal Place of Business	Mailing Address
901 SAWYER ROAD MARIETTA GA 30062	901 SAWYER ROAD MARIETTA GA 30062-2224

3. Date Incorporated or Qualified: **08/17/1987**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **58-0939171** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA STREET
TALLAHASSEE FL 32301

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 _____
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	D	☐ DELETE	1.1 TITLE	PRES/CEO	☐ Change ☒ Addition
NAME	SADLER, WHITSON		1.2 NAME	DODD, DAVID A.	
STREET ADDRESS	3333 RICHMOND AVE.		1.3 STREET ADDRESS	901 Sawyer Road	
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST-ZIP	Marietta GA 30062	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DOWNEY, LAWRENCE		2.2 NAME		
STREET ADDRESS	901 SAWYER ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARON DANIEL JANSSEN		3.2 NAME		
STREET ADDRESS	33 RUE DU PRINCE ALBERT		3.3 STREET ADDRESS		
CITY-ST-ZIP	1050 BRUSSELS BELGIUM		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SOLHEIM ROBERT		4.2 NAME		
STREET ADDRESS	901 SAWYER RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JURGEN, ERNEST		5.2 NAME		
STREET ADDRESS	33 RUE DU PRINCE ALBERT		5.3 STREET ADDRESS		
CITY-ST-ZIP	1050 BRUSSELS BELGIUM		5.4 CITY-ST-ZIP		
TITLE	VPS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HETZLER, DALE		6.2 NAME		
STREET ADDRESS	901 SAWYER RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: _____ 6-2-97 (770)578-5001