

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90004 045 ***550.00

DOCUMENT # P15601

1. Corporation Name

SOLVAY PHARMACEUTICALS, INC.

Principal Place of Business

901 SAWYER ROAD
MARIETTA GA 30062

Mailing Address

901 SAWYER ROAD
MARIETTA GA 30062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1987

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.1506, 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
NAME SADLER, WHITSON
STREET ADDRESS 3333 RICHMOND AVE.
CITY-ST-ZIP HOUSTON TX

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Dodd, David A
1.3 STREET ADDRESS 901 Sawyer Rd
1.4 CITY-ST-ZIP Marietta, GA 30062

TITLE VP ☒ DELETE
NAME DOWNEY, LAWRENCE
STREET ADDRESS 901 SAWYER ROAD
CITY-ST-ZIP MARIETTA GA

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME Offen, Christopher
2.3 STREET ADDRESS 901 Sawyer Road
2.4 CITY-ST-ZIP Marietta, GA 30062

TITLE VD ☐ DELETE
NAME BARON DANIEL JANSSEN
STREET ADDRESS 33 RUE DU PRINCE ALBERT
CITY-ST-ZIP 1050 BRUSSELS BELGIUM

3.1 TITLE VP ☐ Change ☒ Addition
3.2 NAME Auerbach, GAIL
3.3 STREET ADDRESS 901 Sawyer Road
3.4 CITY-ST-ZIP Marietta, GA 30062

TITLE VP ☐ DELETE
NAME SOLHEIM ROBERT
STREET ADDRESS 901 SAWYER RD.
CITY-ST-ZIP MARIETTA GA

4.1 TITLE VP ☐ Change ☒ Addition
4.2 NAME Shletin, HAROLD
4.3 STREET ADDRESS 901 Sawyer Rd
4.4 CITY-ST-ZIP Marietta, GA 30062

TITLE VD ☐ DELETE
NAME JURGEN, ERNEST
STREET ADDRESS 33 RUE DU PRINCE ALBERT
CITY-ST-ZIP 1050 BRUSSELS BELGIUM

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VPS ☒ DELETE
NAME HETZLER, DALE
STREET ADDRESS 901 SAWYER RD
CITY-ST-ZIP MARIETTA GA

6.1 TITLE VPS ☐ Change ☒ Addition
6.2 NAME Dinton, Jeffrey
6.3 STREET ADDRESS 901 Sawyer Rd
6.4 CITY-ST-ZIP Marietta, GA 30062

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/24/99

770/518-9000

CR2E034 (11/98)