

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90140 037 ***150.00

DOCUMENT # P15601

1. Entity Name
SOLVAY PHARMACEUTICALS, INC.

Principal Place of Business

901 SAWYER ROAD
MARIETTA GA 30062

Mailing Address

901 SAWYER ROAD
MARIETTA GA 30062

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax-filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SADLER, WHITSON 3333 RICHMOND AVE. HOUSTON TX	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALEMN, HAROLD H 901 SAWYER RD MARIETTA GA 30062	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UHRHAN, PHILLIP M 3333 RICHMOND AVENUE HOUSTON TX 77098	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOLHEIM ROBERT 901 SAWYER RD. MARIETTA GA	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JURGEN, ERNEST 33 RUE DU PRINCE ALBERT 1050 BRUSSELS BELGIUM	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LINTON, JEFFREY 901 SAWYER RD MARIETTA GA 30062	☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE:

SIGNATURE REQUIRED
WALTER LINSOTT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02

Date

Daytime Phone #

CR2E034 (9/01)