## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P24338 1. Entity Name ALPHA THERAPEUTIC CORPORATION Principal Place of Business Mailing Address % TAX DEPARTMENT % TAX DEPARTMENT 5555 VALLEY BLVD 5555 VALLEY BLVD

## **FILED** May 14, 2002 8:00 am Secretary of State 05-14-2002 90208 016 \*\*\*150.00

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			) (122/400) (14 (44)) <b>(</b> 1400 (4100)	()	(2))	Ji BiBi) BiBir (Be)
					DO NOT WRITE IN THIS SPACE			
				· _				
City & St	tate	City & State	· ·	4.	. FEI Number			Applied For
Zip	Country	Zip	Country	-	95-3267178			Not Applicable
	6. Name and Address of Current	Projectored A root			Certificate of Status Desired	استحت	<b>\$8.75</b> A	dditional red
		riegistered Agent	Nam		Name and Address of New F	Registered A	gent	
CT CORPORATION SYSTEM								
1200 S.	PINE ISLAND ROAD		Stree	et Address (P.O.	). Box Number is Not Acceptable)			
PLANTA	ΠΟN FL 33324					<del></del>		
			City				<del></del>	
8 The above	a gomed on the sub-site of	1 1			FL	Zip Co	de	
o. The abov	e named entity submits this statement for	r the purpose of changing its	registered office	e or registered a	gent, or both, in the State of Flo	rida.	<u> </u>	
SIGNATURE								
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent sig	nature required when i	reinstating)	Dire	·	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!!					<del></del>	DATE		
Tax filing	requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.0		\$550.00	10. Election Campaign Fina	ancing	\$5.0	00 May Be
	eria on back)	Make Check Payabi	e to Departm	ent of State	Trust Fund Contribution	n. 🗆		d to Fees
11.	OFFICERS AND D	DIRECTORS	12.	A	DDITIONS/CHANGES TO OFFI	CERS AND D	NRECTOR	S IN 11
TITLE NAME	PCD COLTON, EDWARD A	☐ Delete	TITLE				Change	Addition
STREET ADDRESS	5555 VALLEY BOULEVARD		NAME				g-	
CITY-ST-ZIP	LOS ANGELES CA 90032		STREET ADDRES CITY-ST-ZIP	5				
TITLE	SVP	5  ☐ Delete	TITLE	SVP				
NAME	HARTIN, WILLIAM, G	440000	NAME	Dannis	Edox	L	☐ Change	Addition
STREET ADDRESS SITY-ST-ZIP	5555 VALLEY BOULEVARD		STREET ADDRESS	5555	SEder Valley Blvd.			
ITLE	LOS ANGELES CA 90032 SVP		CITY-ST-ZIP	LOS A	ngeles, CA 90	032		
IAME	ENGELS, HANS	Delete	TITLE	[e, 5]	0		Change	X Addition
TREET ADDRESS	5555 VALLEY BOULEVARD		NAME STREET ADDRESS	David				
ITY-ST-ZIP	LOS ANGELES CA 90032		CITY-ST-ZIP	15555	Valley Blvd.			1
ITLE	SVP	☐ Delete	TITLE	Los An	igeles, CA 9003		1 Chagan	
AME Treet address	MILLER, CLAUDE		NAME			L	] Change	Addition
1	5555 VALLEY BOULEVARD LOS ANGELES CA 90032		STREET ADDRESS					
	VPT	☐ Delete	CITY-ST-ZIP	<del> </del>				
AME	LAWRENCE, CHERYL	ET Delete	TITLE NAME				Change	☐ Addition
REET ADDRESS	5555 VALLEY BOULEVARD		STREET ADDRESS					
	LOS ANGELES CA 90032		CITY-ST-ZIP					1
LE ME		☐ Delete	TITLE				Change	☐ Addition
			NAME	Ī			J	
REET ADDRESS	•			1				1
REET ADDRESS Y-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP	}				

of the corporation or the receiver or trustee empowered to execute this trustee and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: