

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P31127 (4)

1. Corporation Name

IG LABORATORIES, INC.

Principal Place of Business

ONE MOUNTAIN ROAD
FRAMINGHAM MA 01701

Mailing Address

ONE MOUNTAIN ROAD
FRAMINGHAM MA 01701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/01/1990

3a. Date of Last Report

06/14/1994

4. FEI Number

04-3069716

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH 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

(Applicable to the period name of registered agent, and the 1st signature)

(If 3rd, Registered Agent signature required when name change)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	HILLBACK, ELLIOT D, JR	ONE MOUNTAIN RD	FRAMINGHAM MA
D	CARPENTER, ROBERT J	9 LOWELL RD	WELLESLEY MA
VTD	MCLACHLAN, DAVID J.	51 BRENTWOOD RD	CHELMSFORD MA
V	KLINGER, KATHERINE W.	445 WINCH STREET	FRAMINGHAM MA
S	WIRTH, PETER	37 HANCOCK STREET	BOSTON MA
AS	HOFFER, MARK A.	2 ROCKWOOD ROAD	MEDWAY MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	Change	Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	Change	Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	Change	Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	Change	Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	Change	Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information furnished on this annual report is supplemental annual report or 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 its registered agent, or both, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report, or on any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President + CEO

2/17/95

508-872-8400