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FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P35683

(2)

1. Corporation Name

SANOFI PHARMACEUTICALS, INC.

Principal Place of Business

Mailing Address

90 PARK AVENUE
NEW YORK NY 10016
US

90 PARK AVENUE
NEW YORK NY 10016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1991

4. FEI Number

13-3529324

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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.
1201 HAYES ST
STE. 105
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 607.1508, 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

TITLE PD
NAME DOHERTY, GEORGE M
STREET ADDRESS 90 PARK AVENUE
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE VP
NAME DELUCCIA, ROBERT
STREET ADDRESS 90 PARK AVENUE
CITY-ST-ZIP NEW YORK NY ☒ DELETE

TITLE SD
NAME SPINNATO, JOHN M
STREET ADDRESS 90 PARK AVENUE
CITY-ST-ZIP NEW YORK NY 10016 ☐ DELETE

TITLE T
NAME THOMSON, RICHARD
STREET ADDRESS 90 PARK AVENUE
CITY-ST-ZIP NEW YORK NY 10016 ☐ DELETE

TITLE D
NAME BRINER, KURT
STREET ADDRESS 32, RUE MARBEUF
CITY-ST-ZIP 75008 PARIS, FRANCE ☐ DELETE

TITLE D
NAME WARD, STEVENSON E
STREET ADDRESS 90 PARK AVENUE
CITY-ST-ZIP NEW YORK NY 10016 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VP
12 NAME GREGORY IRACE
13 STREET ADDRESS 90 PARK AVENUE
14 CITY-ST-ZIP NEW YORK, N.Y. 10016 ☐ Change ☒ Addition

21 TITLE D
22 NAME Gilles Mauduit
23 STREET ADDRESS 32-34 Rue Marbeuf
24 CITY-ST-ZIP 75008 Paris, France ☐ Change ☒ Addition

31 TITLE D
32 NAME Jean-Francois Deheg
33 STREET ADDRESS 32-34 Rue Marbeuf
34 CITY-ST-ZIP Paris, France 75008 ☐ 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 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

[Signature]

01/6/98 551-NANCY

CR2E034 (10/97)