

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

DOCUMENT # P35683

1. Corporation Name

SANOI PHARMACEUTICALS, INC.

Principal Place of Business

**90 PARK AVENUE
NEW YORK NY 10016
US**

Mailing Address

**90 PARK AVENUE
NEW YORK NY 10016
US**

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90014 026 ***150.00



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 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.
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **Dehecg, Jean - Francois**
1.4 CITY-ST-ZIP **160 - 180 Avenue de France
Paris, France**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **IRACE, GREGORY**
CITY-ST-ZIP **90 PARK AVE
NEW YORK NY 10016**

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME **VP, D**
2.3 STREET ADDRESS **Gregory, IRACE**
2.4 CITY-ST-ZIP **90 Park Avenue
New York, N.Y. 10016**

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

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME **VP, S, & D**
3.3 STREET ADDRESS **JOHN M. SPINNATO**
3.4 CITY-ST-ZIP **90 Park Avenue
New York, NY 10016**

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

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME **VP, T.**
4.3 STREET ADDRESS **Richard Thomson**
4.4 CITY-ST-ZIP **90 Park Avenue
New York, NY 10016**

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

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Garnier, Bruno**
5.4 CITY-ST-ZIP **160 - 180 Avenue de France
Paris, France**

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

6.1 TITLE ☒ Change ☒ Addition
6.2 NAME **VP, D**
6.3 STREET ADDRESS **Stevenson E. Ward**
6.4 CITY-ST-ZIP **90 Park Avenue
New York, N.Y. 10016**

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:

JOHN M. SPINNATO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99 212-551-4306

Date

Daytime Phone #

CR2E034 (11/98)