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Mar 22, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P36120

1. Corporation Name
BIOWHITTAKER, INC.

Principal Place of Business
8830 BIGGS FORD ROAD
WALKERSVILLE MD 21793

Mailing Address
8830 BIGGS FORD ROAD
WALKERSVILLE MD 21793

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1991

4. FEI Number

95-3917176

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 07073 30

2a. Mailing Address

26 c/o Cambrex Corporation

Suite, Apt. #, etc.

27 One Meadowlands Plaza

City & State

28 East Rutherford, NJ

Zip Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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

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 D
NAME ALIBRANDI, JOSEPH
STREET ADDRESS 10880 WILSHIRE BLVD.
CITY-ST-ZIP LOS ANGELES CA

TITLE D
NAME LEMON, STANLEY
STREET ADDRESS UNIVERSITY OF NC-CHAPEL HILL
CITY-ST-ZIP CHAPEL HILL NC

TITLE D
NAME SEVER, JOHN
STREET ADDRESS 11901 LEDGEROCK COURT
CITY-ST-ZIP POTOMAC MD

TITLE D
NAME ERCKEL, RUDIGER
STREET ADDRESS D-55216 INGELHEIM AM RHEIN
CITY-ST-ZIP RHEIN GE

TITLE VPRA
NAME OLSEN, LEIF
STREET ADDRESS 8830 BIGGS FORD ROAD
CITY-ST-ZIP WALKERSVILLE MD 21793-0127

TITLE PCEO
NAME NOEL BUTERBAUGH
STREET ADDRESS 8830 BIGGS FORD RD
CITY-ST-ZIP WALKERSVILLE MD 21793-0127

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Exec VP & COO
1.2 NAME Thomas R. Winkler
1.3 STREET ADDRESS 8830 Biggs Ford Road
1.4 CITY-ST-ZIP Walkersville, MJ 21793-0127

2.1 TITLE VP & CFO
2.2 NAME Philip L. Rohrer, Jr.
2.3 STREET ADDRESS 8830 Biggs Ford Road
2.4 CITY-ST-ZIP Walkersville, MJ 21793-0127

3.1 TITLE V P & Asst. Secretary
3.2 NAME Peter Thauer
3.3 STREET ADDRESS One Meadowlands Plaza
3.4 CITY-ST-ZIP East Rutherford, NJ 07073

4.1 TITLE VP & Asst. Treasurer
4.2 NAME Douglas H. MacMillan
4.3 STREET ADDRESS One Meadowlands Plaza
4.4 CITY-ST-ZIP East Rutherford, NJ 07073

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 20 804-3000
Date Daytime Phone #

CR2E034 (11/98)