SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 AUG 21 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P37656** **(6)**

1. Corporation Name

THERATX, INCORPORATED

Principal Place of Business	Mailing Address
400 NORTH RIDGE ROAD SUITE 400 ATLANTA GA 30350	400 NORTH RIDGE ROAD SUITE 400 ATLANTA GA 30350

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/27/1992	06/03/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 33-0359338	Applied For Not Applicable
State, Apt. #, etc. 22	State, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
ZIP / Country 24 / 25	ZIP / Country 29 / 30	8. This corporation has liability for assessment tax under s. 220.222, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 607.1908, 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TYPE NAME STREET ADDRESS CITY, ST, ZIP	PD BARDIS, JOHN 9420 COLONNADE TRAIL ALPHARETTA GA
TYPE NAME STREET ADDRESS CITY, ST, ZIP	VS MYLL, DONALD 1331 GARRICK WAY MERIETTA GA
TYPE NAME STREET ADDRESS CITY, ST, ZIP	V JORGENSON, BRET 4415 HIGHGROVE ATLANTA GA
TYPE NAME STREET ADDRESS CITY, ST, ZIP	V HALLMAN, KIP 6313 DUNWOODY GABLES DRIVE DUNWOODY GA
TYPE NAME STREET ADDRESS CITY, ST, ZIP	D HOLDER, DAVID 12802 PANORAMA CREST SANTA ANA CA
TYPE NAME STREET ADDRESS CITY, ST, ZIP	D ERRA, ROBERT 13335 ARROYA VISTA POWAY CA

☐ Change ☐ Addition

900001545833
-07/25/95--01106--018
****225.00 ****225.00

CR2E034 (3/95)

14. I/We hereby certify that the information supplied with this filing is complete, accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0122216 FP

*** FILE NOW. FILING FEE AFTER MAY 1 IS $225.00 ***

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name: MOON'S SAW AND TOOL, INC.

DOCUMENT # P37750

Mailing Address: c/o Broad and Cassel, Post Office Box 4961, Orlando, Florida 32802-4961

Principal Place of Business: 1620 Premier Row, Orlando, Florida 32809

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address (21)	2a. Principal Place of Business (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 2/26/92
3a. Date of Last Report: 3/22/94
4. FEI Number: 36-3138790 — 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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~Jesse Lee Moon~~
~~1620 Premier Row~~
~~Orlando, Florida 32809~~

10. Name and Address of New Registered Agent

81 Name: B&C Corporate Services of Central Florida, Inc
82 Street Address (P.O. Box Number is Not Acceptable): 390 North Orange Avenue
83: Suite 1100
84 City: Orlando — FL — 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: B&C Corporate Services of Central Florida, Inc. — Anthony [illegible], Vice President (required when reinstating) — DATE: 7/5/95

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	P/D/S	
12 NAME	Moon, Jesse Lee	
13 STREET ADDRESS	1620 Premier Row	
14 CITY-ST-ZIP	Orlando, Florida 32809	
21 TITLE	EVP	
22 NAME	Moon, Gregory P.	500001540485
23 STREET ADDRESS	2532 N. Ashland Avenue, 1st Floor	-07/18/95--01096--025
24 CITY-ST-ZIP	Chicago, Illinois 60614	****225.00 ****225.00
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that this information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — 6-22-95 — (219) 867-3154

JESSE L. MOON, PRESIDENT
(Signature and Title of Authorized Officer or Director) — (Date) — (Daytime Phone #)