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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P39081** **(5)**

1. Corporation Name
NOBELPHARMA USA, INC.

Principal Place of Business	Mailing Address
777 OAKMONT LANE SUITE 100 WESTMONT IL 60559	777 OAKMONT LANE SUITE 100 WESTMONT IL 60559-5522

3. Date Incorporated or Qualified: **06/03/1992**
3a. Date of Last Report: **03/20/1996**

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: **04-2810281** ☐ 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

9. **Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	NORTOFT, THOMAS		1.2 NAME	JAMES K DERLETH	
STREET ADDRESS	777 OAKMONT LANE, STE. 100		1.3 STREET ADDRESS	777 OAKMONT LN STE 100	
CITY-ST-ZIP	WESTMONT IL		1.4 CITY-ST-ZIP	WESTMONT, IL 60559	
TITLE	VS	☒ DELETE	2.1 TITLE	GARY KLAWANS CFO	☐ Change ☒ Addition
NAME	PIPER, GARY L.		2.2 NAME	777 OAKMONT LN, STE 100	
STREET ADDRESS	777 OAKMONT LANE, STE 100		2.3 STREET ADDRESS	WESTMONT IL	
CITY-ST-ZIP	ESTMONT IL		2.4 CITY-ST-ZIP	60559	
TITLE	D	☒ DELETE	3.1 TITLE	CEO	☐ Change ☒ Addition
NAME	EK, LEIF		3.2 NAME	JACK FORSGREN	
STREET ADDRESS	777 OAKMONT LANE, STE. 100		3.3 STREET ADDRESS	777 OAKMONT LN STE 100	
CITY-ST-ZIP	WESTMONT IL		3.4 CITY-ST-ZIP	WESTMONT IL 60559	
TITLE	D	☐ DELETE	4.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	SUNDQUIST, JAM		4.2 NAME	JAN SUNDQUIST	
STREET ADDRESS	777 OAKMONT LANE, STE. 100		4.3 STREET ADDRESS	777 OAKMONT LN STE 100	
CITY-ST-ZIP	WESTMONT IL		4.4 CITY-ST-ZIP	WESTMONT, IL 60559	
TITLE	V	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JANSON, TOMAS		5.2 NAME		
STREET ADDRESS	777 OAKMONT LANE, STE. 100		5.3 STREET ADDRESS		
CITY-ST-ZIP	WESTMONT IL		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BERGLUND, HANS		6.2 NAME		
STREET ADDRESS	777 OAKMONT LANE, STE 100		6.3 STREET ADDRESS		
CITY-ST-ZIP	WESTMONT IL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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] VP FINANCE 3/17/97 630-654-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #