FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P39438 (7)

1. Corporation Name
NOVOPHARM INC.

Principal Place of Business
165 E. COMMERCE DR., #200
SCHAUMBURG IL 60173

Mailing Address
165 E. COMMERCE DR., #200
SCHAUMBURG IL 60173

3. Date Incorporated or Qualified: 06/29/1992
3a. Date of Last Report: 04/26/1995
4. FEI Number: 98-0093407 ☐ 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

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ORAD
6753 W. AZALEA
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 617.0502, 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 ____ DATE ____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	GUNTER, ROBERT J.		1.2 NAME
STREET ADDRESS	165 E. COMMERCE DR.,#200		1.3 STREET ADDRESS
CITY-ST-ZIP	SCHAUMBURG IL		1.4 CITY-ST-ZIP
TITLE	S	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	MCCORMACK, EDWARD E.		2.2 NAME
STREET ADDRESS	30 NABLY COURT		2.3 STREET ADDRESS
CITY-ST-ZIP	SCARBOROUGH, ONTARIO		2.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	DAN, LESLIE		3.2 NAME
STREET ADDRESS	30 NABLY COURT		3.3 STREET ADDRESS
CITY-ST-ZIP	SCARBOROUGH, ONTARIO		3.4 CITY-ST-ZIP
TITLE	T	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	MOORE, JAMES I		4.2 NAME
STREET ADDRESS	165 E. COMMERCE DR		4.3 STREET ADDRESS
CITY-ST-ZIP	SCHAUMBURG IL		4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 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)(k) 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: James I Moore 4/11/96 (847)882-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)