

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39735

1. Entity Name

SUNPHARM CORPORATION

FILED

00 APR 28 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~014 HWY A1A~~
~~STE 301~~
~~PONTE VEDRA BEACH FL 32082~~
~~US~~

~~014 HWY A1A~~
~~STE 301~~
~~PONTE VEDRA BEACH FL 32082~~
~~US~~

2. Principal Place of Business

3. Mailing Address

153 Second Avenue
Suite, Apt. #, etc.

153 Second Avenue
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Waltham, MA

City & State
Waltham, MA

4. FEI Number **59-3097048**

Applied For
Not Applicable

Zip Country
02451 US

Zip Country
02451 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City Tallahassee FL Zip Code 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Susan A. Vertrees, Asst. Secy Susan A. Vertrees 4-21-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD Delete
NAME BORG, STEFAN
STREET ADDRESS 220 PABLO RD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE P/S/D Change Addition
NAME Skaletsky, Mark
STREET ADDRESS 153 Second Avenue
CITY-ST-ZIP Waltham, MA 02451

TITLE D Delete
NAME JANICKI, ROBERT S., M.D.
STREET ADDRESS 318 FERN STREET
CITY-ST-ZIP DUCK KEY FL 33050

TITLE VP/T Change Addition
NAME Mellett, Paul
STREET ADDRESS 153 Second Avenue
CITY-ST-ZIP Waltham, MA 02451

TITLE VS Delete
NAME BRYANT, CECILIA
STREET ADDRESS 4339 ORTEGA FOREST DR
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C Delete
NAME TRACY, PHILIP R.
STREET ADDRESS 420 DRUMMOND DR..
CITY-ST-ZIP RALEIGH NC 27609

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME SCHOELLHORN, ROBERT A.
STREET ADDRESS 105 S. BERTELSON
CITY-ST-ZIP EUGENE OR 97402

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME DIMMLER, CHARLES L III
STREET ADDRESS 4 FLORA DR
CITY-ST-ZIP HOLMDEL NJ 07733

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Skaletsky (Mark Skaletsky)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 781-290-5888
Date Daytime Phone #

CF 00400000

2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 678175 5050993

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 150.00

ORDER DATE : April 27, 2000

ORDER TIME : 11:04 AM

ORDER NO. : 678175-005

CUSTOMER NO: 5050993

CUSTOMER: Ms. Priscilla M. English
Geltex Pharmaceuticals, Inc.
153 Second Ave

Waltham, MA 02451

CHANGE OF AGENT

NAME: SUNPHARM CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

RECEIVED
00 APR 28 PM 12:20
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA