

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 21, 2001 8:00 am**  
**Secretary of State**

09-21-2001 90007 027 \*\*\*750.00

3

IV 0015010

DOCUMENT # **P39735**

1. Entity Name  
**SUNPHARM CORPORATION**

Principal Place of Business  
**153 SECOND AVENUE  
 WALTHAM MA 02451  
 US**

Mailing Address  
**153 SECOND AVENUE  
 WALTHAM MA 02451  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3097048**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



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

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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:

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PSD	SKALETSKY, MARK	153 SECOND AVENUE	WALTHAM MA 02451	<input checked="" type="checkbox"/>
VT	MELLETT, PAUL	153 SECOND AVENUE	WALTHAM MA 02451	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	Wirth, Peter	One Kendall Square	Cambridge, MA 02139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Wyzga, Michael S.	One Kendall Square	Cambridge, MA 02139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Hesslein, Robert	One Kendall Square	Cambridge, MA 02139	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AT	Lebson, Evan M.	One Kendall Square	Cambridge, MA 02139	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AS	Nestor, Joann S.	153 Second Avenue	Waltham, MA 02451	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 (Peter Wirth, President)

Date **9/11/01**

Daytime Phone # **617-252-7533**

CR2E034 (5/01)