

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000087259

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** VITAL PHARMA, INC.

**Current Principal Place of Business:**

20 CAMPUS ROAD  
TOTOWA, NJ 07512 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2216  
SCHNECTADY, NY 123012216 US

**New Mailing Address:**

**FEI Number:** 65-0536425

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CHANIN, ALEX  
**Address:** 20 CAMPUS RD  
**City-St-Zip:** TOTOWA, NJ 07512 US

**Title:** CFO  
**Name:** MISHLER, MARK  
**Address:** 20 CAMPUS RD  
**City-St-Zip:** TOTOWA, NJ 07512 US

**Title:** V  
**Name:** CAMERON, BARBARA  
**Address:** 12 CORPORATE WOODS BLVD  
**City-St-Zip:** ALBANY, NY 12211 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** BARBARA CAMERON

V

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date