2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088548

1. Entity Name

PHARMACEUTICAL DEVELOPMENT CORPORATION

FILED

00 APR 21 PM 1:11

SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5415 WEST LAUREL STREET TAMPA FL 33607	5415 WEST LAUREL STREET TAMPA FL 33607-1729

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 59-3474576 — Applied For / Not Applicable

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
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE SUITE 3000 MIAMI FL 33131	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) ☐

[redacted]

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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ZACCARDELLI, DAVID	NAME	
STREET ADDRESS	5415 WEST LAUREL STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	
TITLE	VP ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BOEH, RICHARD	NAME	
STREET ADDRESS	5415 WEST LAUREL STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAVIS, CRAIG	NAME	000003235280--9
STREET ADDRESS	5415 WEST LAUREL STREET	STREET ADDRESS	-05/02/00--01057--020
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	****150.00 ****150.00
TITLE	SD ☐ Delete	TITLE	LS ☐ Change ☐ Addition
NAME	BRENT, PETER E	NAME	
STREET ADDRESS	100 INTERNATIONAL BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ETOBICOKE, ONTARIO CANADA M9W -6J6	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	PAN, HENRY	NAME	
STREET ADDRESS	100 INTERNATIONAL BLVD.	STREET ADDRESS	
CITY-ST-ZIP	ETOBICOKE, ONTARIO CANADA M9W -6J6	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	D-T ☐ Change ☒ Addition
NAME		NAME	Businskas, Anthony
STREET ADDRESS		STREET ADDRESS	100 International Boulevard
CITY-ST-ZIP		CITY-ST-ZIP	Etobicoke, Ontario Canada M9W 6J6

CR2E034 (9/99)

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: _____ Peter E. Brent, Director 3-7-2000 416/213-4082

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