

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90070 042 ***150.00

DOCUMENT # 822581

1. Entity Name

NABI, INC.

Principal Place of Business

Mailing Address

**5800 PARK OF COMMERCE BLVD. NW
 BOCA RATON FL 33487
 US**

**5800 PARK OF COMMERCE BLVD. NW
 BOCA RATON FL 33487-8222
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1212264

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MC LAIN, THOMAS
 5800 PARK OF COMMERCE BLVD. NW
 BOCA RATON FL 33487**

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 \$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 Delete
 NAME **S**
 STREET ADDRESS **CONSTANTINE, ALEXANDER**
 CITY-ST-ZIP **ONE INTERNATIONAL PLACE
 BOSTON MA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PCEO**
 STREET ADDRESS **GURY, DAVID J.**
 CITY-ST-ZIP **5800 PARK OF COMMERCE BLVD. NW
 BOCA RATON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SVP**
 STREET ADDRESS **NASO, ROBERT B PHD**
 CITY-ST-ZIP **5800 PARK OF COMMERCE BLVD VW
 BOCA RATON FL 33487**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SVP**
 STREET ADDRESS **MCLAIN, THOMAS H**
 CITY-ST-ZIP **5800 PARK OF COMMERCE BLVD. NW.
 BOCA RATON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CCAO**
 STREET ADDRESS **BREECE, LORRAINE M.**
 CITY-ST-ZIP **5800 PARK OF COMMERCE BLVD. NW
 BOCA RATON FL**

TITLE Change Addition
 NAME **MARK L. SMITH CAO**
 STREET ADDRESS **CHIEF ACCOUNTING OFFICER**
 CITY-ST-ZIP **5800 PARK OF COMMERCE BLVD NW
 BOCA RATON FLA 33487.**

TITLE Delete
 NAME **SRVP**
 STREET ADDRESS **MUTH, DAVID D**
 CITY-ST-ZIP **5800 PARK OF COMMERCE BLVD NW
 BOCA RATON FL 33487**

TITLE Change Addition
 NAME *** See attached list**
 STREET ADDRESS **for Directors**
 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 life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #