

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002517

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** MAGNA PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

10801 ELECTRON DRIVE  
SUITE #100  
LOUISVILLE, KY 40299 US

**New Principal Place of Business:**

**Current Mailing Address:**

10801 ELECTRON DRIVE  
SUITE #100  
LOUISVILLE, KY 40299 US

**New Mailing Address:**

**FEI Number:** 61-1185441      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

C T 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: LESSER, WARREN P  
Address: 10801 ELECTRON DRIVE SUITE # 100  
City-St-Zip: LOUISVILLE, KY 40299 US

Title: S  
Name: FOLEY, IRVIN ESQ.  
Address: 10801 ELECTRON DRIVE SUITE # 100  
City-St-Zip: LOUISVILLE, KY 40299 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: WARREN P LESSER

PRES

01/05/2011

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

\_\_\_\_\_  
Date