

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001037

FILED  
Feb 09, 2012  
Secretary of State

Entity Name: OCTAPHARMA USA, INC.

**Current Principal Place of Business:**

121 RIVER STREET  
SUITE 1201  
HOBOKEN, NJ 07030

**New Principal Place of Business:**

**Current Mailing Address:**

121 RIVER STREET  
SUITE 1201  
HOBOKEN, NJ 07030

**New Mailing Address:**

FEI Number: 75-3113527      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: DP  
Name: NIELSEN, FLEMMING  
Address: 121 RIVER STREET, SUITE 1201  
City-St-Zip: HOBOKEN, NY 07030

Title: T  
Name: DICRISCIO, LOUIS  
Address: 121 RIVER STREET, SUITE 1201  
City-St-Zip: HOBOKEN, NY 07030

Title: D  
Name: MARGUERRE, WOLFGANG  
Address: SEIDENSTRASSE 2, CH-8853  
City-St-Zip: LACHEN, SWITZERLAND, XX

Title: S  
Name: MARGUERRE, TOBIAS  
Address: SEIDENSTRASSE 2, CH-8853  
City-St-Zip: LACHEN, SWITZERLAND, XX

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: FLEMMING NIELSEN

PRES

02/09/2012

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

\_\_\_\_\_ Date