

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001995

FILED
Jul 13, 2006
Secretary of State

Entity Name: SYNTHON PHARMACEUTICALS, INC.

Current Principal Place of Business:

9000 DEVELOPMENT DRIVE
RESEARCH TRIANGLE PARK, NC 27709

New Principal Place of Business:

Current Mailing Address:

PO BOX 110487
RESEARCH TRIANGLE PARK, NC 27709

New Mailing Address:

FEI Number: 56-2028789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: LEMMENS, JACQUES M
Address: PO BOX 7071
City-St-Zip: 6503 GN NIJMEGEN, NETHERLAND,

Title: VPS () Delete
Name: HINCKLE, MICHAEL H
Address: 9000 DEVELOPMENT DRIVE
City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPS (X) Change () Addition
Name: HINCKLE, MICHAEL H
Address: 9000 DEVELOPMENT DRIVE
City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709 US

Title: VP () Change (X) Addition
Name: STARGEL, WAYNE
Address: 9000 DEVELOPMENT DRIVE
City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709 US

Title: VP () Change (X) Addition
Name: CORNELISSEN, ANGELO
Address: 9000 DEVELOPMENT DRIVE
City-St-Zip: RESEARCH TRIANGLE PARK, NC 27709 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL H. HINCKLE

VPS

07/13/2006

Electronic Signature of Signing Officer or Director

Date