

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT . 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P15601** (8)

1. Corporation Name
SOLVAY PHARMACEUTICALS, INC.



Principal Place of Business: **901 SAWYER ROAD MARIETTA GA 30062**
Mailing Address: **901 SAWYER ROAD MARIETTA GA 30062**

3. Date Incorporated or Qualified: **08/17/1987**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **58-0939171**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: **THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 N. MAGNOLIA STREET TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent (B1) Name (B2) Street Address (B3) City (B4) State (B5) Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: SADLER, WHITSON	1.1 TITLE: President/CEO	<input type="checkbox"/> Change: <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 3333 RICHMOND AVE.	CITY-ST-ZIP: HOUSTON TX	1.2 NAME: Dodd, David A.	
		1.3 STREET ADDRESS: 901 Sawyer Road	
		1.4 CITY-ST-ZIP: Marietta, Georgia 30062	
TITLE: APVP	NAME: DOWNEY, LAWRENCE	2.1 TITLE: VP - Sales + Marketing	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
STREET ADDRESS: 901 SAWYER ROAD	CITY-ST-ZIP: MARIETTA GA	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE: VD	NAME: BARON DANIEL JANSSEN	3.1 TITLE:	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
STREET ADDRESS: 33 RUE DU PRINCE ALBERT	CITY-ST-ZIP: 1050 BRUSSELS BELGIUM	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: VP	NAME: SOLHEIM ROBERT	4.1 TITLE: VP - Finance	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
STREET ADDRESS: 901 SAWYER RD.	CITY-ST-ZIP: MARIETTA GA 30062	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: VD	NAME: JURGEN, ERNEST	5.1 TITLE:	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
STREET ADDRESS: 33 RUE DU PRINCE ALBERT	CITY-ST-ZIP: 1050 BRUSSELS BELGIUM	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: VPS	NAME: HETZLER, DALE	6.1 TITLE:	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
STREET ADDRESS: 901 SAWYER RD	CITY-ST-ZIP: MARIETTA GA	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4-10-96** DAYTIME PHONE #: **(770) 518-9000**

CR2E034 (12/95)