

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15601

FILED
Apr 30, 2008
Secretary of State

Entity Name: SOLVAY PHARMACEUTICALS, INC.

Current Principal Place of Business:

901 SAWYER ROAD
MARIETTA, GA 30062

New Principal Place of Business:

Current Mailing Address:

901 SAWYER ROAD
MARIETTA, GA 30062

New Mailing Address:

FEI Number: 58-0939171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD, SUITE 250
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: EDWARDS, PETER G ESQ
Address: 901 SAWYER RD
City-St-Zip: MARIETTA, GA 30062

Title: P, D (X) Delete
Name: DOWNEY, LAURENCE J M.D.
Address: 901 SAWYER RD
City-St-Zip: MARIETTA, GA 30062

Title: D (X) Delete
Name: UHRHAN, PHILLIP M
Address: 3333 RICHMOND AVENUE
City-St-Zip: HOUSTON, TX 77098

Title: VP (X) Delete
Name: KAY, MURRAY
Address: 901 SAWYER ROAD
City-St-Zip: MARIETTA, GA 30062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AMISANO, CINDY
Address: 901 SAWYER RD
City-St-Zip: MARIETTA, GA 30062

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CINDY AMISANO

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date