

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jun 09 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P15601 (8)**

1. Corporation Name  
**SOLVAY PHARMACEUTICALS, INC.**



Principal Place of Business <b>901 SAWYER ROAD MARIETTA GA 30062</b>	Mailing Address <b>901 SAWYER ROAD MARIETTA GA 30062-2224</b>
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3. Date Incorporated or Qualified <b>08/17/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>58-0939171</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 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	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D SADLER, WHITSON</b>	1.2 NAME <b>DODD, DAVID A.</b>
STREET ADDRESS	<b>3333 RICHMOND AVE.</b>	1.3 STREET ADDRESS <b>901 Sawyer Road</b>
CITY-ST-ZIP	<b>HOUSTON TX</b>	1.4 CITY-ST-ZIP <b>Marietta GA 30062</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP DOWNEY, LAWRENCE</b>	2.2 NAME
STREET ADDRESS	<b>901 SAWYER ROAD</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>MARIETTA GA</b>	2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD BARON DANIEL JANSSEN</b>	3.2 NAME
STREET ADDRESS	<b>33 RUE DU PRINCE ALBERT</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>1050 BRUSSELS BELGIUM</b>	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP SOLHEIM ROBERT</b>	4.2 NAME
STREET ADDRESS	<b>901 SAWYER RD.</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>MARIETTA GA</b>	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD JURGEN, ERNEST</b>	5.2 NAME
STREET ADDRESS	<b>33 RUE DU PRINCE ALBERT</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>1050 BRUSSELS BELGIUM</b>	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPS HETZLER, DALE</b>	6.2 NAME
STREET ADDRESS	<b>901 SAWYER RD</b>	6.3 STREET ADDRESS
CITY-ST-ZIP	<b>MARIETTA GA</b>	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **6-7-97**

CR2E034 (9/96)