

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

**FILED**  
**May 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>08/17/1987</b>	
4. FEI Number <b>58-0939171</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.                  110 N. MAGNOLIA STREET                  TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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	<b>D</b>	<input type="checkbox"/> DELETE	11 TITLE	<i>President/CEO</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SADLER, WHITSON</b>		12 NAME	<i>Dodd, David A</i>	
STREET ADDRESS	<b>3333 RICHMOND AVE.</b>		13 STREET ADDRESS	<i>901 Sawyer Road</i>	
CITY-ST-ZIP	<b>HOUSTON TX</b>		14 CITY-ST-ZIP	<i>Marietta, GA 30062</i>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOWNEY, LAWRENCE</b>		22 NAME		
STREET ADDRESS	<b>901 SAWYER ROAD</b>		23 STREET ADDRESS		
CITY-ST-ZIP	<b>MARIETTA GA</b>		24 CITY-ST-ZIP		
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARON DANIEL JANSSEN</b>		32 NAME		
STREET ADDRESS	<b>33 RUE DU PRINCE ALBERT</b>		33 STREET ADDRESS		
CITY-ST-ZIP	<b>1050 BRUSSELS BELGIUM</b>		34 CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLHEIM ROBERT</b>		42 NAME		
STREET ADDRESS	<b>901 SAWYER RD.</b>		43 STREET ADDRESS		
CITY-ST-ZIP	<b>MARIETTA GA</b>		44 CITY-ST-ZIP		
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JURGEN, ERNEST</b>		52 NAME		
STREET ADDRESS	<b>33 RUE DU PRINCE ALBERT</b>		53 STREET ADDRESS		
CITY-ST-ZIP	<b>1050 BRUSSELS BELGIUM</b>		54 CITY-ST-ZIP		
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HETZLER, DALE</b>		62 NAME		
STREET ADDRESS	<b>901 SAWYER RD</b>		63 STREET ADDRESS		
CITY-ST-ZIP	<b>MARIETTA GA</b>		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a 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.

CR29034 (10/97)