

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

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90004 045 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P15601

1. Corporation Name
SOLVAY PHARMACEUTICALS, INC.



Principal Place of Business
**901 SAWYER ROAD
 MARIETTA GA 30062**

Mailing Address
**901 SAWYER ROAD
 MARIETTA GA 30062**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

3. Date Incorporated or Qualified
08/17/1987

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 owes the current year Intangible Personal Property Tax. Yes No

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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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		
TITLE	D	<input type="checkbox"/> DELETE
NAME	SADLER, WHITSON	
STREET ADDRESS	3333 RICHMOND AVE.	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DOWNEY, LAWRENCE	
STREET ADDRESS	901 SAWYER ROAD	
CITY-ST-ZIP	MARIETTA GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARON DANIEL JANSSEN	
STREET ADDRESS	33 RUE DU PRINCE ALBERT	
CITY-ST-ZIP	1050 BRUSSELS BELGIUM	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SOLHEIM ROBERT	
STREET ADDRESS	901 SAWYER RD.	
CITY-ST-ZIP	MARIETTA GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JURGEN, ERNEST	
STREET ADDRESS	33 RUE DU PRINCE ALBERT	
CITY-ST-ZIP	1050 BRUSSELS BELGIUM	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	HETZLER, DALE	
STREET ADDRESS	901 SAWYER RD	
CITY-ST-ZIP	MARIETTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dodd, David A	
1.3 STREET ADDRESS	901 Sawyer Rd	
1.4 CITY-ST-ZIP	Marietta, GA 30062	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Offen, Christopher	
2.3 STREET ADDRESS	901 Sawyer Road	
2.4 CITY-ST-ZIP	Marietta, GA 30062	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Auerbach, GAIL	
3.3 STREET ADDRESS	901 Sawyer Road	
3.4 CITY-ST-ZIP	Marietta, GA 30062	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Shletin, HAROLD	
4.3 STREET ADDRESS	901 Sawyer Rd	
4.4 CITY-ST-ZIP	Marietta, GA 30062	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Upton, Jeffrey	
6.3 STREET ADDRESS	901 Sawyer Rd	
6.4 CITY-ST-ZIP	Marietta, GA 30062	

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 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, with all other like empowered.

SIGNATURE: *[Signature]* Date: 5/24/99 Daytime Phone #: 770-1518-9000

CR2E034 (11/98)