

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90134 013 ***150.00

DOCUMENT # P15601

1. Entity Name

SOLVAY PHARMACEUTICALS, INC.

Principal Place of Business

Mailing Address

901 SAWYER ROAD
MARIETTA GA 30062

901 SAWYER ROAD
MARIETTA GA 30062-2224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-0939171

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

~~FILE NOW!!! FEE IS \$150.00~~

After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	SADLER, WHITSON	3333 RICHMOND AVE. HOUSTON TX	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	P	DODD, DAVID A	901 SAWYER RD MARIETTA GA 30062	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VD	BARON DANIEL-JANSSEN	33 RUE DU PRINCE ALBERT 1050 BRUSSELS BELGIUM	<input checked="" type="checkbox"/>		D	Phillip M. Urhan	3333 Richmond Avenue Houston, Tx 77098	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	VP	SOLHEIM ROBERT	901 SAWYER RD. MARIETTA GA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VD	JURGEN, ERNEST	33 RUE DU PRINCE ALBERT 1050 BRUSSELS BELGIUM	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VPS	LINTON, JEFFREY	901 SAWYER RD MARIETTA GA 30062	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/2000 770/598-9000

CR2E034 (9/99)