

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90358 049 ***550.00

DOCUMENT # **P15601**

1. Entity Name

SOLVAY PHARMACEUTICALS, INC.

Principal Place of Business 901 SAWYER ROAD MARIETTA GA 30062	Mailing Address 901 SAWYER ROAD MARIETTA GA 30062-2224
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 58-0939171	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Harold H. Sklewn 901 Sawyer RD Marietta, Ga 30062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Phillip M. Whelan 3333 Richmond Avenue Houston, Tx 77098 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **5-3-01** **770/578-9000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



**SOLVAY
PHARMACEUTICALS**

*Attachment
845220*

P15601

3 May, 2001

Florida Department of Revenue
5050 W. Tennessee St., Building K
Tallahassee, Florida 32399-0125

RE: Solvay Pharmaceuticals, Inc.
Certificate No.: 78-09-074097-80

Dear Sir/Madam:

Enclosed, please find the following form(s) for the tax year ending December 31, 2001:

- Income Tax Return
- Franchise Tax Return
- Annual Report
- Property Tax Rendition / Payment
- Estimated Tax Payment
- Extension Request / Payment
- Sales / Use Tax Return
- Other _____

along with a check for the balance due in the amount of \$550.00.

Should you have further questions regarding this or any other matter, please feel free to contact me at either the address below or by phone at (770)578-9000.

Very truly yours,

Kay D. Holden
Tax Specialist

Enclosures