


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90041 028 \*\*\*150.00

**DOCUMENT # P15601**  
 1. Entity Name  
**SOLVAY PHARMACEUTICALS, INC.**



Principal Place of Business      Mailing Address  
**901 SAWYER ROAD**      **901 SAWYER ROAD**  
**MARIETTA, GA 30062**      **MARIETTA, GA 30062**

04003763



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01282004      Chg-P      CR2E034 (10/03)

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution  **\$5.00** May Be  
 Added to Fees

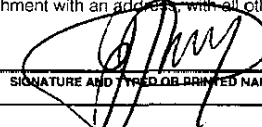
**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SADLER, WHITSON	
STREET ADDRESS	3333 RICHMOND AVE.	
CITY-ST-ZIP	HOUSTON, TX	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHLEVIN, HAROLD H	
STREET ADDRESS	901 SAWYER RD	
CITY-ST-ZIP	MARIETTA, GA 30062	
TITLE	D	<input type="checkbox"/> Delete
NAME	UHRHAN, PHILLIP M	
STREET ADDRESS	3333 RICHMOND AVENUE	
CITY-ST-ZIP	HOUSTON, TX 77098	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MERCIER, GUY	
STREET ADDRESS	901 SAWYER RD.	
CITY-ST-ZIP	MARIETTA, GA 30062	
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 type="checkbox"/> Delete
NAME	LINSCOTT, WALTER	
STREET ADDRESS	901 SAWYER ROAD	
CITY-ST-ZIP	MARIETTA, GA 30062	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **11/30/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #