

Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX	
No. C 83965	1. Mailing Address - Please Correct, if Not Correct SMITHKLINE BEECHAM CLINICAL ONE MALCOLM AVE. 1201 S COLLEGEVILLE RD TETERBORO, NJ 07608 COLLEGEVILLE PA 19426		CORPORATION SERVICE CONF 1401 SHORELINE DR BOISE ID 83702
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *		3. Organized Under the Laws of: DE C 83965	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)			
Office held	Name	Street or P.O. Address	City State Zip
PRESIDENT	DR. SURYA MOHAPATRA	ONE MALCOLM AVE.	TETERBORO NJ 07608
SECRETARY	LEO C. FARRENKOPF, JR.	ONE MALCOLM AVE.	TETERBORO NJ 07608
DIRECTOR	ROBERT A. HAGEMANN	ONE MALCOLM AVE.	TETERBORO NJ 07608
5. Signature of New Registered Agent		6. Signature <u>Stephen Calamari</u> Date <u>7/8/99</u> Name (Typed or Printed) <u>STEPHEN A. CALAMARI</u> Title <u>ASST. TREASURER</u>	

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ISSUED: 07-03-1999