
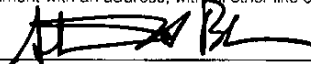


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90292 012 \*\*\*150.00

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # F03000005558</b>  |   |  |   |   |  |
| 1. Entity Name<br>PURDUE PHARMA INC.  |   |  |   |  |  |
| Principal Place of Business<br>ONE STAMFORD FORUM<br>STAMFORD, CT 06901   |   |  | Mailing Address<br>ONE STAMFORD FORUM<br>STAMFORD, CT 06901 |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |  |  |
| City & State  |   | City & State   |   | 4. FEI Number<br>06-1307486  |  |
| Zip   | Country   | Zip  | Country   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525  |   |  | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PCEO<br>FRIEDMAN, MICHAEL<br>ONE STAMFORD FORUM<br>STAMFORD, CT 06901     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPAS<br>UDELL, HOWARD R<br>ONE STAMFORD FORUM<br>STAMFORD, CT 06901       | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | Executive Vice President & Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Howard R. Udell<br>One Stamford Forum<br>Stamford, CT 06901 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | EVPS<br>BAKER, STUART D<br>ONE STAMFORD FORUM<br>STAMFORD, CT 06901       | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | EVPT<br>MAHONY, EDWARD B<br>ONE STAMFORD FORUM<br>STAMFORD, CT 06901      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SACKLER, MORTIMER D M.D.<br>ONE STAMFORD FORUM<br>STAMFORD, CT 06901 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SACKLER, THERESA E.<br>ONE STAMFORD FORUM<br>STAMFORD, CT 06901      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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:   |   | Stuart D. Baker, Executive Vice President & Secretary  |   | Date: 4-15-05  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date   |   | Daytime Phone # 203-588-7010   |  |

50050839



04072005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

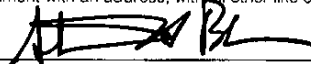
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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SIGNATURE:  Stuart D. Baker, Executive Vice President & Secretary Date: 4-15-05 Daytime Phone # 203-588-7010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

PURDUE PHARMA INC.  
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FO3000005558

10. Officers/Directors

| Name                      | Title   | Address   |
|---------------------------|---|---|
| Michael Friedman          | President and Chief Executive Officer                                       | One Stamford Forum<br>Stamford, Connecticut 06901 |
| Howard R. Udell           | Executive Vice President,<br>Chief Legal Officer and<br>Assistant Secretary | One Stamford Forum<br>Stamford, Connecticut 06901 |
| Stuart D. Baker           | Executive Vice President,<br>Counsel to the Board and<br>Secretary          | One Stamford Forum<br>Stamford, Connecticut 06901 |
| Edward B. Mahony -        | Executive Vice President,<br>Chief Financial Officer and<br>Treasurer       | One Stamford Forum<br>Stamford, Connecticut 06901 |
| Mortimer D. Sackler, M.D. | Director  | One Stamford Forum<br>Stamford, Connecticut 06901 |
| Theresa E. Sackler        | Director  | One Stamford Forum<br>Stamford, Connecticut 06901 |
| Robert B. Shapiro         | Director  | One Stamford Forum<br>Stamford, Connecticut 06901 |
| Kathe A. Sackler, M.D.    | Director  | One Stamford Forum<br>Stamford, Connecticut 06901 |
| Mortimer D.A. Sackler     | Director  | One Stamford Forum<br>Stamford, Connecticut 06901 |
| Raymond R. Sackler, M.D.  | Director  | One Stamford Forum<br>Stamford, Connecticut 06901 |
| Beverly Sackler           | Director  | One Stamford Forum<br>Stamford, Connecticut 06901 |
| Richard S. Sackler, M.D.  | Director  | One Stamford Forum<br>Stamford, Connecticut 06901 |
| Jonathan D. Sackler       | Director  | One Stamford Forum<br>Stamford, Connecticut 06901 |