

**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

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05-01-2008 90252 016 \*\*\*150.00

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

66014705



04292008 Chg-P CR2E034 (12/06)

DOCUMENT # F03000005558			
1. Entity Name PURDUE PHARMA INC.			
Principal Place of Business ONE STAMFORD FORUM STAMFORD, CT 06901		Mailing Address ONE STAMFORD FORUM STAMFORD, CT 06901	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 06-1307486		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET 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 _____ <small>Signature, type the name of the registered agent and, if applicable, (NOTE: Registered Agent signature is not to be re-used)</small>			
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY- ST- ZIP	PCEO FRIEDMAN, MICHAEL ONE STAMFORD FORUM STAMFORD, CT 06901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	President John H. Stewart One Stamford Forum, Stamford, CT 06901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	EVPC UDELL, HOWARD R ONE STAMFORD FORUM STAMFORD, CT 06901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	EVPS BAKER, STUART D ONE STAMFORD FORUM STAMFORD, CT 06901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	EVPT MAHONY, EDWARD B ONE STAMFORD FORUM STAMFORD, CT 06901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SACKLER, MORTIMER D M.D. ONE STAMFORD FORUM STAMFORD, CT 06901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SACKLER, THERESA E. ONE STAMFORD FORUM STAMFORD, CT 06901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 119, 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 April 29, 2008 203-588-7012	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date (M, Day, Year)</small>	

# ATTACHMENT

## PURDUE PHARMA INC. 2008 FOR PROFIT CORPORATION ANNUAL REPORT

### 10. Additional Officers/Directors

~~6601475~~  
~~# F03000005558~~

Name	Title	Address
Kathe A. Sackler, M.D.	Director	One Stamford Forum Stamford, Connecticut 06901
Mortimer D.A. Sackler	Director	One Stamford Forum Stamford, Connecticut 06901
Raymond R. Sackler, M.D.	Director	One Stamford Forum Stamford, Connecticut 06901
Beverly Sackler	Director	One Stamford Forum Stamford, Connecticut 06901
Richard S. Sackler, M.D.	Director	One Stamford Forum Stamford, Connecticut 06901
Jonathan D. Sackler	Director	One Stamford Forum Stamford, Connecticut 06901
Peter Boer	Director	One Stamford Forum Stamford, Connecticut 06901