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From: Account Name : C T CORPORATION SYSTEM
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
SCIELE PHARMA SALES, INC.

Certificate of Status	0
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PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SCIELE PHARMA SALES, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SHIONOGI PHARMA SALES, INC.", THE ELEVENTH DAY OF JANUARY, A.D. 2010, AT 11:27 O'CLOCK A.M.

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Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7861401

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