FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000352 (6)

1. Corporation Name
SUN PHARMACEUTICALS CORP.

Principal Place of Business
1100 PARK CENTRAL BLVD., SOUTH
POMPANO BEACH FL 33064

Mailing Address
P.O. BOX 7016
DOVER DE 19903-1516
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 50 N. DuPont Highway
Suite, Apt. #, etc.
22 P.O. Box 7016
City & State
23 Dover, Delaware
Zip
24 19903-1516
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 11/19/1992
3a. Date of Last Report: 05/13/1994
4. FEI Number: 04-3169080 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCE	1 TITLE	☒ Change ☐ Addition
NAME	RECONE, MAXWELL R	1 NAME	
STREET ADDRESS	700 FAIRFIELD AVENUE	1 STREET ADDRESS	300 Nyala Farms Road
CITY-ST-ZIP	STAMFORD CT	1 CITY-ST-ZIP	Westport, CT 06880
TITLE	AS	2 TITLE	☒ Change ☐ Addition
NAME	STAMMER, WILLIAM B	2 NAME	
STREET ADDRESS	700 FAIRFIELD AVENUE	2 STREET ADDRESS	300 Nyala Farms Road
CITY-ST-ZIP	STAMFORD CT	2 CITY-ST-ZIP	Westport, CT 06880
TITLE	TCFO	3 TITLE	☐ Change ☐ Addition
NAME	FORBES, GLENN A	3 NAME	
STREET ADDRESS	50 NORTH DUPONT HIGHWAY	3 STREET ADDRESS	
CITY-ST-ZIP	DOVER DE 19901	3 CITY-ST-ZIP	
TITLE	S	4 TITLE	☐ Change ☐ Addition
NAME	HANSON, HARRY A III	4 NAME	
STREET ADDRESS	101 FEDERAL STREET	4 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109	4 CITY-ST-ZIP	
TITLE	D	5 TITLE	☐ Change ☐ Addition
NAME	BELL, ROBERT	5 NAME	
STREET ADDRESS	1100 PARK CENTRAL BLVD., SOUTH	5 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	5 CITY-ST-ZIP	
TITLE	DAT	6 TITLE	☐ Change ☐ Addition
NAME	HAGERTY, THOMAS M	6 NAME	
STREET ADDRESS	75 STATE STREET	6 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109	6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Glenn A. Forbes, Treasurer & CFO 4/27/95 (302) 674-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0474372 FP