

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra E. Madson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000352 (6)

1. Corporation Name

SUN PHARMACEUTICALS CORP.



Principal Place of Business

**50 N DUPONT HWY
P.O. BOX 7016
DOVER DE 19903-1516
US**

Mailing Address

**P.O. BOX 7016
DOVER DE 19903-1516
US**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/19/1992

3a. Date of Last Report

05/01/1995

4. FET 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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Date Registered Agent Accepted

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME
POE
RECOE, MAXWELL R
300 NYALA FARMS ROAD
WESTPORT CT**

TITLE ☐ DELETE

**NAME
AS
STAMMER, WILLIAM B
300 NYALA FARMS ROAD
WESTPORT CT**

TITLE ☐ DELETE

**NAME
TCFO
FORBES, GLENN A
50 NORTH DUPONT HIGHWAY
DOVER DE 19901**

TITLE ☒ DELETE

**NAME
S
HANSON, HARRY A III
101 FEDERAL STREET
BOSTON MA 02109**

TITLE ☒ DELETE

**NAME
D
BELL, ROBERT
1100 PARK CENTRAL BLVD., SOUTH
POMPANO BEACH FL 33064**

TITLE ☒ DELETE

**NAME
DAT
HAGERTY, THOMAS M
75 STATE STREET
BOSTON MA 02109**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

15. TITLE

2. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

V.

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

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(3)(k), 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 the 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 *Glenn A. Forbes*

**Glenn A. Forbes,
Vice President & Treasurer**

4/25/96

(302) 674-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E034 (12/95)