

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1935 AUG -1 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # F92000000415 (1)

1. Corporation Name

MARSAM PHARMACEUTICALS INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 1022
 CHERRY HILL NJ 08034

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 CHERRY HILL NJ 08034

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **11/24/1992** 3a. Date of Last Report **07/12/1994**

4. FEI Number **11-2718528** 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

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMSON, MARVIN	1.2 NAME	
STREET ADDRESS	BLDG. 31, 24 ONNEY AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHERRY HILL NJ 08003	1.4 CITY - ST - ZIP	
TITLE	DVCS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOFF, JUDITH U	2.2 NAME	
STREET ADDRESS	BLDG. 31, 24 OLNEY AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHERRY HILL NJ 08003	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARIS, AGNES	3.2 NAME	
STREET ADDRESS	96 ROUTE 23	3.3 STREET ADDRESS	
CITY - ST - ZIP	LITTLE FALLS NJ 07424	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISHER, ALLEN	4.2 NAME	
STREET ADDRESS	43RD ST. & KINGSESSING MALL	4.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA 19104	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAXMAN, BARRY	5.2 NAME	
STREET ADDRESS	RR#2, BOX 142	5.3 STREET ADDRESS	
CITY - ST - ZIP	PUTNEY VT 05346	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLASS, GUS II	6.2 NAME	
STREET ADDRESS	800 CENTRE PLACE, 212 CENTRE ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	LITTLE ROCK AZ 72201	6.4 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 110.07(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 this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 or both and is identical or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

(Signature, typed or printed name of signing officer or director)

Richard Baron - Vice President, CFO

7/25/95

609-424-5600

(Title)

(Typed Name & Title)

CR2E034 (3/95)