

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F92000000415 (1)
 1. Corporation Name

MARSAM PHARMACEUTICALS INC.



Principal Place of Business: **POST OFFICE BOX 1022 CHERRY HILL NJ 08034**
 Mailing Address: **POST OFFICE BOX 1022 CHERRY HILL NJ 08034**

3. Date Incorporated or Qualified: **11/24/1992**
 3a. Date of Last Report: **08/01/1995**
 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: 21
 Suite, Apt. #, etc: 22
 City & State: 23
 Zip: 24
 Country: 25
 2a. Mailing Address: 26
 Suite, Apt. #, etc: 27
 City & State: 28
 Zip: 29
 Country: 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

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: _____ (PHOT: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	DCPT	<input type="checkbox"/> DELETE
NAME	SAMSON, MARVIN	
STREET ADDRESS	BLDG. 31, 24 ONNEY AVE.	
CITY-ST-ZIP	CHERRY HILL NJ 08003	
TITLE	DVCS	<input checked="" type="checkbox"/> DELETE
NAME	ARNOFF, JUDITH U	
STREET ADDRESS	BLDG. 31, 24 OLNEY AVE.	
CITY-ST-ZIP	CHERRY HILL NJ 08003	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VARIS, AGNES	
STREET ADDRESS	96 ROUTE 23	
CITY-ST-ZIP	LITTLE FALLS NJ 07424	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MISHER, ALLEN	
STREET ADDRESS	43RD ST. & KINGSESSING MALL	
CITY-ST-ZIP	PHILADELPHIA PA 19104	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WAXMAN, BARRY	
STREET ADDRESS	RR#2, BOX 142	
CITY-ST-ZIP	PUTNEY VT 05346	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLOSS, GUS II	
STREET ADDRESS	800 CENTRE PLACE, 212 CENTRE ST.	
CITY-ST-ZIP	LITTLE ROCK AZ 72201	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Martin Sperber	
13 STREET ADDRESS	100 Campus Dr.	
14 CITY-ST-ZIP	Floerham Park, NJ 07932	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Darius Ashrafi	
23 STREET ADDRESS	100 Campus Dr.	
24 CITY-ST-ZIP	Floerham Park, NJ 07932	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Paul Fewerman	
33 STREET ADDRESS	100 Campus Dr.	
34 CITY-ST-ZIP	Floerham Park, NJ 07932	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Dr. David Ebsworth	
43 STREET ADDRESS	100 Campus Dr.	
44 CITY-ST-ZIP	Floerham Park, NJ 07932	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 6/19/96 609-444-5600
 Controller

CR2E034 (3/96)