

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00 (150.00)

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90285 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005623

1. Corporation Name
MYLAN TECHNOLOGIES, INC

Principal Place of Business 110 LAKE STREET ST. ALBANS VT 05478	Mailing Address 110 LAKE STREET ST. ALBANS VT 05478
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/28/1994
4. FEI Number 03-0336833
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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: _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEBONE, LOUIS J		1.2 NAME	
STREET ADDRESS 781 CHESTNUT RIDGE ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP MORGANTOWN WV 26505		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PUSKAR, MILAN		2.2 NAME	
STREET ADDRESS 781 CHESTNUT RIDGE ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP MORGANTOWN WV 26505		2.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEGEORGE, FRANK		3.2 NAME	
STREET ADDRESS 781 CHESTNUT RIDGE ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP MORGANTOWN WV 26505		3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOSTER, ROGER L		4.2 NAME	
STREET ADDRESS 781 CHESTNUT RIDGE ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP MORGANTOWN WV 26505		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TODD, C B		5.2 NAME	
STREET ADDRESS 781 CHESTNUT RIDGE ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP MORGANTOWN WV 26505		5.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOVIL, SHARAD K		6.2 NAME	
STREET ADDRESS 110 LAKE STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP ST. ALBANS VT 05478		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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, with all other like empowered

SIGNATURE: Sharad K. Govil (Sharad K. Govil) 4/20/99

CR2E034 (11/98)