

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005305

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: AXCAN PHARMA US, INC.

**Current Principal Place of Business:**

22 INVERNESS CENTER PKWY  
SUITE 310  
BIRMINGHAM, AL 35242

**New Principal Place of Business:**

**Current Mailing Address:**

22 INVERNESS CENTER PKWY  
SUITE 310  
BIRMINGHAM, AL 35242

**New Mailing Address:**

FEI Number: 23-2639766      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: GOSSELLA, LEON F  
Address: 597 BOUL LAURIER  
City-St-Zip: MONT-SAINT-HILAIRE, QB

Title: VCFO ( ) Delete  
Name: MIMS, DAVID W  
Address: 1200 CORPORATE DR  
City-St-Zip: BIRMINGHAM, AL 35242

Title: VCFO ( ) Delete  
Name: GANNON, STEVE  
Address: 597, BOUL. LAURIER MONT-SAINTE- HILAIRE  
City-St-Zip: QUEBEC, CA J3H 4X8

Title: VAS ( ) Delete  
Name: DONZE, MARTHA  
Address: 22 INVERNESS CENTER PKWY., STE 210  
City-St-Zip: BIRMINGHAM, AL 35242

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CONT ( ) Change (X) Addition  
Name: BRAY, ANITA  
Address: 22 INVERNESS CENTER PKWY STE 310  
City-St-Zip: BIRMINGHAM, AL 35242

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA BRAY

CONT

04/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date