

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005305

FILED  
Apr 26, 2010  
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  
Name: VERWIEL, FRANK A  
Address: 100 SOMERSET CORP BLVD, 2ND FLOOR  
City-St-Zip: BRIDGEWATER, NJ 08807

Title: VCOO  
Name: MIMS, DAVID W  
Address: 22 INVERNESS CENTER PARKWAY, SUITE 310  
City-St-Zip: BIRMINGHAM, AL 35242

Title: VCSO  
Name: LEBEAUT, ALEX  
Address: 100 SOMERSET CORP BLVD, 2ND FLOOR  
City-St-Zip: BRIDGEWATER, NJ 08807

Title: CONT  
Name: FANT, MIKE  
Address: 22 INVERNESS CENTER PKWY., STE 210  
City-St-Zip: BIRMINGHAM, AL 35242

Title: DIRE  
Name: DONZE, MARTHA  
Address: 22 INVERNESS CENTER PKWY STE 310  
City-St-Zip: BIRMINGHAM, AL 35242

Title: DIRE  
Name: GANNON, STEVE  
Address: 597, BOUL. LAURIER  
City-St-Zip: MONT-SAINT-HILAIRE, QB J3H 4X8

I hereby 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 all other like empowered.

SIGNATURE: MIKE FANT

CONT

04/26/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date