

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000004366

FILED
Oct 15, 2007
Secretary of State

Entity Name: AEROPHARM TECHNOLOGY, LLC

Current Principal Place of Business:

18 MAYFIELD AVE.
EDISON, NJ 08837

New Principal Place of Business:

100 ABBOTT PARK ROAD
ABBOTT PARK, IL 600646057

Current Mailing Address:

18 MAYFIELD AVE.
EDISON, NJ 08837

New Mailing Address:

100 ABBOTT PARK ROAD
ABBOTT PARK, IL 600646057

FEI Number: 22-3242597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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: MARY JANE JAMES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ADAMS, ADRIAN
Address: 18 MAYFIELD AVE.
City-St-Zip: EDISON, NJ 08837

Title: MGR () Delete
Name: KOVEN, ANDREW I
Address: 18 MAYFIELD AVE.
City-St-Zip: EDISON, NJ 08837

Title: MGR () Delete
Name: RODRIGUEZ, JUAN F
Address: 18 MAYFIELD AVE.
City-St-Zip: EDISON, NJ 08837

Title: MGR () Delete
Name: TANGUAY, JAMES
Address: 18 MAYFIELD AVE.
City-St-Zip: EDISON, NJ 08837

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FREYMAN, THOMAS C
Address: 100 ABBOTT PARK ROAD
City-St-Zip: ABBOTT PARK, IL 600646057

Title: MGR (X) Change () Addition
Name: FUNCK, ROBERT E
Address: 100 ABBOTT PARK ROAD
City-St-Zip: ABBOTT PARK, IL 600646057

Title: VP (X) Change () Addition
Name: SHOULTZQ, AJ J
Address: 100 ABBOTT PARK ROAD
City-St-Zip: ABBOTT PARK, IL 600646057

Title: DVP (X) Change () Addition
Name: NOLAN, THOMAS L
Address: 100 ABBOTT PARK ROAD
City-St-Zip: ABBOTT PARK, IL 600646057

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS L NOLAN

DVP

10/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date