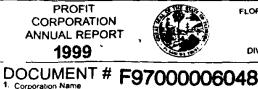
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

JANSSEN PHARMACEUTICA INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATION FILED

99*ROV - 1 PM 1:50

SECHERING ER STATE TALLAHASSEE, FLORIDA

Course Plans of Course William Address							I JORNAC EKRO OKKI BOKK OKKIK OKKI			
Principal Place of Business		Mailing Address			- 1					
1125 TRENTON HARBOURTON RD. TITUSVILLE NJ 08580		1125 TRENTON HARBOURTON RD. TITUSVILLE NJ 08560			DO NOT WRITE IN THIS SPACE					
						3.	Date Incorporated or Qualifed 11/14/1997			
2. Principal Plac	e of Business	2a. Ma	iling Address			4.	FEI Number		Applied For	
21	· .	26				ì	23-2085699		Not Applicable	
Suite, Apt #, etc. Suite, Apt #, etc. 27			:		5.	Certificate of Status Desired		8.75 Additional Fee Required		
City & State City & State 28					8.	Election Campaign Financing Trust Fund Cantribution	-	5.00 May Be Added to Fees		
Zip	Country 25	Zıp	Zip Country 30			8.	This corporation owes the current ye Personal Property Tex.	ar Intangibl		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM				81	Name					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82	Street Address (P.O. Box Number is Not Acceptable)						
			83	3						
				84	City			FL 85	Zip Code	
1 irruant to	the provisions of Spetiage 607.0	500 and 607 1	EAR Elecide Statutes	the show	a semad cor	maratio	a submits this elatement for the aurons	a al abane	was its societored	

assent to the provisions or sections out about and out 1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its 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 Signature typed or printed name of registered agent and title if applica ed Agent signature required when 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS DELETE T(T) F 1 1 TITLE **S**Change Addition NORTUN, D. COSTA, P.F. 1.2 NAME NAME 1125 TRENTON HALDOLETON Rd 1125 TRENTON HARBOURTON RD. STREET ADDRESS 1.3 STREET ADDRESS TITUSVILLE NJ 08560 TITUSV. le. CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAVE SCHROEHER, K.J. 2 2 NAME WARREN, L. 1125 TRONTON HARDOMETON Rd 1125 TRENTON HARBOURTON RD. STREET ADDRESS 23 STREET ADDRESS TITUSVILLE NJ 08560 TITUSVIKE, NJ TREASURER CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition SzAbo, J. GIVEN, B.D. TRENTON HARbOUNTON RO NAME 3 2 NAME 1125 TRENTON HARBOURTON RD. 1125 STREET ADDRESS 3.3 STREET ADDRESS TITUSVILLE NJ 08560 CITY-ST-ZIF 34. CITY-ST-ZIP DELETE TITLE 41 DTIE Change Addition GHEUENS, J. 4 2 NAME NAME 1125 TRENTON HARBOURTON RD. STREET ADDRESS 4 3 STREET ADDRESS TITUSVILLE NJ 08560 CITY ST-ZIP 44 CITY - ST-ZIP TITLE DELETE Change Addition 5 1 TITLE HAWKINS, J.M. 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 1125 TRENTON HARBOURTON RD. TITUSVILLE NJ 08560 54 CITY-ST-ZIP CITY ST-ZIP 6 1 TITLE DELETE TITLE ν. HILL, E.A. 62 NAME 1125 TRENTON HARBOURTON RD. 6.3 STREET ADDRESS S7 ... ADDRESS TITUSVILLE NJ 08560 64 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

SIGNATURE:

Block 12 or Block 13 if changed, by on an attachment with an address, with all other like empowered

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #

CR2E034



October 25, 1999

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Janssen Pharmaceutica, Inc.
Certificate of Administrative Dissolution or Revocation

To Whom It May Concern:

Our Tax Department has received a letter stating that our corporation, Janssen Pharmaceutica, Inc., has been administratively dissolved for failing to file our 1999 corporation annual report. The document number on the notice is F97000006048. Our records indicate that a completed report was filed at the proper time and therefore our corporation should be reinstated.

Enclosed is a copy of Janssen Pharmaceutica, Inc.'s 1999 Florida Profit Corporation Annual Report that has been re-signed by a corporate officer. In addition, a copy of the return receipt card showing that your office received the original report on February 5, 1999, and a copy of the check written in the amount of \$158.75 accompanying the report have been included to show that our filing requirements were fulfilled on a timely basis. Hopefully, the provided information will be sufficient to ensure that our company was in compliance with your guidelines and should therefore be reinstated. Thank you for your attention to this matter.

If you have any additional questions, please feel free to call me at (609) 730-3774.

Sincerely,

Erin Sands

Domestic Tax Manager

Enclosures