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Office Use Only



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(JUL' 2 5 2012 T. LEWIS Ą

COVER LETTER

Division of Corporations
SUBJECT: EXELAN PHARMACEUTICALS, INC. Name of Corporation
DOCUMENT NUMBER: <u>F/1000002698</u>
The enclosed Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s) and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DENNIS HICKS Name of Contact Person
EXELAN PHARMACEUTICALS, INC. Firm/Company
242 SOUTH CULVER STREET, STE. 208 Address
LAWRENCEVILLE GA 30746 City/State and Zip Code
DHICKS@EXELAN PHARMA. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KATHLEEN RAMOS at (678) 3717-0405 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for the following amount:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Street Address: Amendment Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

CR2E127 (10/11)



July 18, 2012

EXELAN PHARMACEUTICALS, INC. C/O KATHLEEN RAMOS-MANAGER 242 SOUTH CULVER STREET, SUITE 208 LAWRENCEVILLE, GA 30046

SUBJECT: EXELAN PHARMACEUTICALS INC.

Ref. Number: F11000002698

We have received your document for EXELAN PHARMACEUTICALS INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is no provision for a foreign corporation to file an amendment to chnage officer and/or directors. Please sumit an Affidavit signed by an officer or director listing the titles, names, and addresses of the officers and/or directors, changes can also be made on the corporation annual report online.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 412A00019098

Sylvia Gilbert Regulatory Specialist II

www.sunbiz.org



July 10, 2012

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

RE: CHANGE IN OFFICER
CHANGE IN ADDRESS
LICENSE #5819798
Non-Resident RX Drug Manf

Dear Licensing Official:

Enclosed is an application to amend corporate officer along with a check of \$35.00 for filing fee. In addition, please be advised that Exelan Pharmaceuticals, Inc. has moved its facility as follows:

FROM:

2011 Commerce Drive, Suite F105

Peachtree City, GA 30269

Contact: Briggs Arrington e-mail: barrington@exel

e-mail: barrington@exelanpharma.com Phone: 678-788-6015

Fax: 678-788-6016

TO:

242 South Culver Street, Suite 208

Lawrenceville, GA 30046 Contact: Dennis Hicks

e-mail: dhicks@exelanpharma.com

Phone: 678-377-0405 Fax: 678-377-0406

Attached is a copy of our Georgia License reflecting our new address. Please effect this change in your system and provide an amended license.

Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,

Kathleen Ramos

Phone: 678-377-0405

Manager

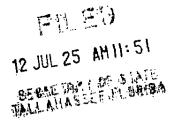
Attachments

242 South Culver Street Suite 208 Lawrenceville, GA 30046

Fax: 678-377-0406

CR2E127 (10/11)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

1. The name of the foreign corporation	n as it appears on the records of the Florida Department of State is:
EXELAN PHARMAC	
	act business in Florida on <u>Jaly</u> , 2011 and its Florida document
3. This corporation was formed under	
4. The name and address of each office	
	Name and Address
Title: CHAIRMAN	REDDY, B. PARTHASARAD
	PLOT 389 ROAD 22B JUBILEE HILLS CHECK FOS
	MADHAPUR RO HYDERABAD INDIA
PRESIDENT	HICKS, DENNIS
	242 SOUTH CHLVER STREET, SAITE 208
	LAWRENCEVILLE, GA 30046
ASST. SECRETARY	SABBELLA, VASU
	16 PINEDALE RD
	HAUPPAUGE NY 11788
	•

/ (Attac	h additional pages if necessary)
	Porchest
gnature of an officer or director	Title of person signing
ENNIS HICKS	FILING FEE \$35
ped or printed name of person signing	FILING FEE \$35 Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, PL 32314