

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000004366

**Entity Name:** AEROPHARM TECHNOLOGY, LLC

**Current Principal Place of Business:**

1 N. WAUKEGAN ROAD  
NORTH CHICAGO, IL 60064

**Current Mailing Address:**

1 N. WAUKEGAN ROAD  
D-V367/AP34 (AR)  
NORTH CHICAGO, IL 60064 US

**FEI Number:** 22-3242597

**Certificate of Status Desired:** No

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

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

*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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           CHASE, WILLIAM  
Address        1 N. WAUKEGAN ROAD  
City-State-Zip: NORTH CHICAGO IL 60064

Title           AUTHORIZED MEMBER  
Name           KOS PHARMACEUTICALS INC.  
Address        1 N. WAUKEGAN ROAD  
                  D-V367/AP34 (AR)  
City-State-Zip: NORTH CHICAGO IL 60064

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM CHASE

**MANAGER**

**04/13/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date