

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000000809

**Entity Name:** ENDO PHARMACEUTICALS SOLUTIONS INC.**Current Principal Place of Business:**1400 ATWATER DRIVE  
MALVERN, PA 19355**Current Mailing Address:**1400 ATWATER DRIVE  
MALVERN, PA 19355 US**FEI Number:** 04-3047911**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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

**Officer/Director Detail :**

Title DIRECTOR  
Name BARRY, PATRICK A.  
Address 1400 ATWATER DRIVE  
City-State-Zip: MALVERN PA 19355

Title DIRECTOR  
Name COLEMAN, BLAISE A.  
Address 1400 ATWATER DRIVE  
City-State-Zip: MALVERN PA 19355

Title TREASURER  
Name BRADLEY, MARK T.  
Address 1400 ATWATER DRIVE  
City-State-Zip: MALVERN PA 19355

Title PRESIDENT  
Name BARRY, PATRICK A.  
Address 1400 ATWATER DRIVE  
City-State-Zip: MALVERN PA 19355

Title CEO  
Name COLEMAN, BLAISE A.  
Address 1400 ATWATER DRIVE  
City-State-Zip: MALVERN PA 19355

Title SENIOR VICE PRESIDENT, TAX  
Name NEYLON, THOMAS  
Address 1400 ATWATER DRIVE  
City-State-Zip: MALVERN PA 19355

Title SENIOR VICE PRESIDENT,  
CONTROLLER AND CHIEF  
ACCOUNTING OFFICER  
Name BOYLE, JOHN D.  
Address 1400 ATWATER DRIVE  
City-State-Zip: MALVERN PA 19355

Title ASSISTANT SECRETARY  
Name VOSS, DEANNA  
Address 1400 ATWATER DRIVE  
City-State-Zip: MALVERN PA 19355

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*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:** DEANNA VOSS**ASSISTANT SECRETARY** 04/27/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name MALETTA, MATTHEW J.  
Address 1400 ATWATER DRIVE  
City-State-Zip: MALVERN PA 19355

Title EXECUTIVE VICE PRESIDENT  
Name MALETTA, MATTHEW J.  
Address 1400 ATWATER DRIVE  
City-State-Zip: MALVERN PA 19355

Title CHIEF LEGAL OFFICER  
Name MALETTA, MATTHEW J.  
Address 1400 ATWATER DRIVE  
City-State-Zip: MALVERN PA 19355