# 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001126

Entity Name: CADENCE PHARMACEUTICALS, INC.

### **Current Principal Place of Business:**

12481 HIGH BLUFF DR. SUITE 200 SAN DIEGO, CA 92130

## **Current Mailing Address:**

12481 HIGH BLUFF DR. SUITE 200 SAN DIEGO, CA 92130

### FEI Number: 41-2142317

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

Title	CHAIRMAN	Title	CFO, VP	
Name	GARNER, CAM L	Name	LARUE, WILLIAM R	
Address	12481 HIGH BLUFF DR. SUITE 200	Address	12481 HIGH BLUFF DR. SUITE 200	
City-State-Zip:	SAN DIEGO CA 92130	City-State-Zip:	SAN DIEGO CA 92130	
Title	DIRECTOR	Title	PRESIDENT, CEO	
Name	BARKER, SAMUEL L	Name	SCHROEDER, THEODORE R	
Address	12481 HIGH BLUFF DR. SUITE 200	Address	12481 HIGH BLUFF DR. SUITE 200	
City-State-Zip:	SAN DIEGO CA 92130	City-State-Zip:	SAN DIEGO CA 92130	
Title	SENIOR VP	Title	GENERAL COUNSEL, VP	
Name	BYRD, SCOTT W	Name	AKER, HAZEL M	
Address	12481 HIGH BLUFF DR. SUITE 200	Address	12481 HIGH BLUFF DR. SUITE 200	
City-State-Zip:	SAN DIEGO CA 92130	City-State-Zip:	SAN DIEGO CA 92130	

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: WILLIAM R LARUE

CFO

Date

Electronic Signature of Signing Officer/Director Detail

Date