

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000229

**Entity Name:** CEPHALON, INC.**Current Principal Place of Business:**41 MOORES ROAD  
FRAZER, PA 19335**Current Mailing Address:**41 MOORES ROAD  
FRAZER, PA 19335**FEI Number:** 23-2484489**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD., #221E  
PALM BEACH, FL 33410 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	PRES
Name	OLAFSSON , SIGGI
Address	1090 HORSHAM ROAD
City-State-Zip:	NORTH WALES PA 19454

Title	VP
Name	GRIFFIN, DEBORAH
Address	1090 HORSHAM ROAD
City-State-Zip:	NORTH WALES PA 19454

Title	ASSISTANT SECRETARY
Name	AUSTIN , KIM
Address	425 PRIVET ROAD
City-State-Zip:	HORSHAM PA 19044

Title	T
Name	KIMICK, FRANK
Address	1090 HORSHAM ROAD
City-State-Zip:	NORTH WALES PA 19454

Title	ASSISTANT SECRETARY
Name	SHANAHAN, BRIAN
Address	1090 HORSHAM ROAD
City-State-Zip:	NORTH WALES PA 19454

*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:** AUSTIN KIM**DONNA HARRISON,  
ATTORNEY IN FACT****03/17/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date