

2016 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F11000000229

Entity Name: CEPHALON, INC.**Current Principal Place of Business:**41 MOORES ROAD
FRAZER, PA 19355**Current Mailing Address:**41 MOORES ROAD
FRAZER, PA 19355 US**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	SECRETARY
Name	SHANAHAN, BRIAN
Address	425 PRIVET ROAD
City-State-Zip:	HORSHAM PA 19044

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: BRIAN SHANAHAN**CAITLIN LAZARUS,
ATTORNEY-IN-FACT****04/20/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date