

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000001868

**Entity Name:** LUITPOLD PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

ONE LUITPOLD DRIVE  
SHIRLEY, NY 11967

**Current Mailing Address:**

P.O. BOX 9001  
SHIRLEY, NY 11967

**FEI Number: 11-2695700**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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, PRESIDENT  
Name           HELENEK, MARY JANE  
Address        ONE LUITPOLD DRIVE  
City-State-Zip: SHIRLEY NY 11967

Title           DIRECTOR, SECRETARY,  
                  TREASURER  
Name           KASHIWASE, HIROTO  
Address        ONE LUITPOLD DRIVE  
City-State-Zip: SHIRLEY NY 11967

*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: MARY JANE HELENEK**

**PRESIDENT**

**01/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date