

2015 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/CEO

02/17/2015

Electronic Signature of Signing Officer/Director Detail

Date