

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **153593** (9)

1. Corporation Name
KEY PHARMACEUTICALS, INC.

Principal Place of Business: **ONE GIRALDA FARMS
P.O. BOX 1000
MADISON NJ 07940-1000**

Mailing Address: **ONE GIRALDA FARMS
P.O. BOX 1000
MADISON NJ 07940-1000**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **12/24/1947** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-0598178** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

2. Principal Place of Domicile: 2b. Mailing Address:

21. State Apt # etc: 26. State Apt # etc:

22. City & State: 27. City & State:

23. Zip: 28. Zip:

24. Country: 25. Country: 29. Country: 30. Country:

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name: _____

82. Street Address if P.O. Box Number is Not Applicable: _____

83. _____

84. City: _____ FL 85. Zip Code: _____

11. Pursuant to the provisions of Sections 197.0507 and 197.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 197.0505, Florida Statutes.

REGISTRAR: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
OFFICER	P CESAN, RAUL E 2000 GALLOPING HILL RD. KENILWORTH NJ 07033-0539	1. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP	BRYCE, RODOLFO C 2000 GALLOPING HILL RD. KENILWORTH NJ 07033-0539	2. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
OFFICER	S FOGARTY, JOHN T ONE GIRALDA FARMS MADISON NJ 07940-1000	3. TITLE: _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S Kevin A. Quinn One Giralda Farms Madison, NJ 07940-1000
VP	AS DAVIS, NANCY 2000 GALLOPING HILL RD KEILWORTH NJ 07033-0539	4. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP	AT SORIERO, DONALD J ONE GIRALDA FARMS MADISON NJ 07940-1000	5. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP	VP NICHOLS, DANIEL A ONE GIRALDA FARMS MADISON NJ 07940-1000	6. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this Report was truthfully furnished and does not qualify for the exemption stated in Section 199.03(1)(b), Florida Statutes. I affirm and certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the registered agent or person empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change of officers and directors of the corporation.

SIGNATURE: Donald J. Soriero *Donald J. Soriero* 4/26/95 201-822-7233

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR