

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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
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3. Date Incorporated or Qualified 12/24/1947	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

4. FEI Number 59-0598178	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CESAN, RAUL E		1 2 NAME	
STREET ADDRESS 2000 GALLOPING HILL RD.		1 3 STREET ADDRESS	
CITY - ST - ZIP KENILWORTH NJ 07033-0539		1 4 CITY - ST - ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRYCE, RODOLFO C		2 2 NAME	
STREET ADDRESS 2000 GALLOPING HILL RD.		2 3 STREET ADDRESS	
CITY - ST - ZIP KENILWORTH NJ 07033-0539		2 4 CITY - ST - ZIP	
TITLE S	<input type="checkbox"/> DELETE	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME QUINN, KEVIN A		3 2 NAME	
STREET ADDRESS ONE GIRALDA FARMS		3 3 STREET ADDRESS	SILBEY, WILLIAM J.
CITY - ST - ZIP MADISON NJ		3 4 CITY - ST - ZIP	One Giralda Farms Madison, NJ 07940-1000
TITLE AS	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, NANCY		4 2 NAME	
STREET ADDRESS 2000 GALLOPING HILL RD		4 3 STREET ADDRESS	
CITY - ST - ZIP KEILWORTH NJ 07033-0539		4 4 CITY - ST - ZIP	
TITLE AT	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SORIERO, DONALD J		5 2 NAME	
STREET ADDRESS ONE GIRALDA FARMS		5 3 STREET ADDRESS	
CITY - ST - ZIP MADISON NJ 07940-1000		5 4 CITY - ST - ZIP	
TITLE VP	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NICHOLS, DANIEL A		6 2 NAME	
STREET ADDRESS ONE GIRALDA FARMS		6 3 STREET ADDRESS	
CITY - ST - ZIP MADISON NJ 07940-1000		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald J. Soriero 4/23/96 201-822-7233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)