

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/24/1947	
21		26		4. FEI Number 59-0598178	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country		
29	Zip	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 (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	PD	1.1 TITLE	
NAME	CESAN, RAUL	1.2 NAME	
STREET ADDRESS	2000 GALLOPING HILL RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENILWORTH NJ	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	DRISCOLL, MARTIN	2.2 NAME	
STREET ADDRESS	2000 GALLOPING HILL RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENILWORTH NJ	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	SILBEY, WILLIAM J.	3.2 NAME	
STREET ADDRESS	ONE GIRALDA FARMS	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	DAVIS, NANCY	4.2 NAME	
STREET ADDRESS	2000 GALLOPING HILL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	KENILWORTH NJ 07033-0539	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	
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	6.1 TITLE	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ (272) 222-7222 4/11/98

CR2E034 (10/97)