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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARIMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 13, 2000 8:00 am Secretary of State

04-13-2000 90004 015 ***150.00

DOCUMENT # 153593

1. Corporation Name

KEY PHARMACEUTICALS, INC.

Principal Place	e of Business	Ma	ailing Address										
NE GIRALDA FARMS			ONE GIRALDA FARMS						•				
.O. BOX 1000			P.O. BOX 1000					DO NOT WRITE IN THIS SPACE					
IADISON NJ 07940-1000			MADISON NJ 07940-1000					3. Date Incorporated or Qualifed					
							3.	12/24/	•				
		100	14 ading Addrage				4	FEI Numi				Applied For	
. Principal Pi	lace of Business	2a.	Mailing Address				**	59-059			<u> </u>	Not Applicable	
1		28	Suite, Apt. #, etc.					39 039	0170			Additional	
Suite, Apt.	#, etc.		Suite, Apt. #, atc.				5.	. Certifcate	of Status Desired			Required	
1			City & State					Floation (Compaign Figurein		\$5.00	0 May Be	
City & State			28						Campaign Financing Id Contribution	<u> </u>		d to Fees	
			Zip Country						oration owes the cu	rrent year into			
_ Złp _				30 -			•		Property Tax.	mont your me	Yes	□No	
<u> </u>	9. Name and Address of Current			<u> </u>			10.		d Address of New	Registered /	Agent		
	9. Name and Address of Current		torea Agent	8	31	Name							
CT CORPORATION SYSTEM				<u> </u>									
1200 S. PINE ISLAND ROAD			82 Street A				Address (F	P.O. Box N	umber is Not Accep	ptable)			
PLANTATION FL 33324			-			<u> </u>							
, 64	17/11/01/7 2 0002												
			•	8	34	City				FL	85 Zip	Code	
						· · · · · ·					shanaina i	te registered	
affina ar c	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	Flore	ia. Such change was aut	nonzea c	วงเก	named e com	corporatio oration's b	n submits oard of dire	inis statement for tr ectors. I hereby acc	ept the appoin	itment as	registered	
agent. I a	m familiar with, and accept the obligation	ons of	Section 607.0505, Florid	a Statute	es.				·				
SIGNATURE													
	Signature, typed or printed name of registered agent a				gent si	gnature r	nedwined when		S/CHANGES TO C	DATE SELCEDS AN	D DIRECT	TORS IN 12	
12.	OFFICERS AND	DIKE	DELETE	13.			<u> </u>	ADDITION	S/CHANGES TO C	A TIGERG AN	Change		
ITLE	PD STAN DAVI		- here is	•			1						
AME	CESAN, RAUL			1 2 NAM	_	·							
TREET ADDRESS	2000 GALLOPING HILL RD.		13 STRE										
ITY-ST-ZIP	KENILWORTH NJ		W as see	1.4 CITY				-			[X] Change	e Addition	
TLE .	VD		X DELETE	2.1 TTLE			VP				M Orlange	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AME	DRISCOLL, MARTIN			2.2 NAM				C. L					
TREET ADDRESS	2000 GALLOPING HILL RD.			2.3 STREET ADDRESS 2 () ()			2000_0	000 Galloping Hill Road					
TTY-ST-ZIP	Kenilworth NJ				Kenilv	enilworth, NJ 07033-0539			Channe	e Addition			
TLE	S		☐ DELETE	3.1 TITLE	E						Change	, Li Addizon	
AME	SILBEY, WILLIAM J.			3.2 NAM	E								
TREET ADDRESS	ONE GIRALDA FARMS	-	-	3.3 STRE	EET AC	ODRESS		-	•				
ITY-ST-ZIP	MADISON N			3.4 CITY	/-ST-7	ZIP							
TLE	AS		☐ DELETE	41 TILE	E		ļ				Change	e Addition	
AME	DAVIS, NANCY			4. 2 NAM	Æ								
TREET ADDRESS	ARRAGAM AND			43 STRE	EET A	ODRESS						•	
ITY-ST-ZIP	KEILWORTH NJ 07033-0539			44 CITY	- ST- Z	IP .							
ITLE	AT		☐ DELETE	5.1 TITLE	Ε	-	1		•		Change	e 🔲 Addition	
AME	SORIERO, DONALD J			5.2 NAM	E		1						
TREET ADDRESS	ONE GIRALDA FARMS			53STRE	EET 40	DORESS						-	
ITY-ST-ZIP	MADISON NJ 07940-1000		,	5 4 CITY	-ST-2	IP.							
ME	VP		☐ DELETE	6.1 TITLE	Ē						Change	e 🔲 Addition	
AME	NICHOLS, DANIEL A			6.2 NAM	E								
	ONE GIRALDA FARMS			6.3 STRE	EET AI	DDRESS							
TREET ADDRESS	MADISON NJ 07940-1000			6.4 CITY	-ST-2	<u>u</u> p							
ITY-ST-ZIP	INCIDIOUIT ITO ULUTO 1000						·			16		e information	

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 attachneet with any address, with all other like empowered.

SIGNATURE:-

Arthur B. Ceconi, Jr Cotto

April 10, 2000 973-822-7115

Daytime Phone #