


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90028 048 ***150.00

DOCUMENT # 153593		
1. Entity 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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2. Principal Place of Business - No P.O. Box # 2000 Galloping Hill Road	3. Mailing Address 2000 GALLOPING Hill Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State KENILWORTH NJ	City & State Kenilworth NJ
Zip 07033	Zip 07033
Country	Country



03092007 Chg-P CR2E034 (12/06)

4. FEI Number 59-0598178		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP COX, CARRIE 2000 GALLOPING HILL RD. KENILWORTH, NJ 07033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAROSA, JOSEPH 2000 GALLOPING HILL RD KENILWORTH, NJ 07033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP CECONI, ARTHUR JR ONE GIRALDA FARMS MADISON, NJ 079401010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 Galloping Hill Road Kenilworth, NJ 07033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SORIERO, DONALD J ONE GIRALDA FARMS MADISON, NJ 079401000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2000 Galloping Hill Road Kenilworth, NJ 07033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CREELMAN, WILLIAM J 2000 GALLOPING HILL RD KENILWORTH, NJ 07033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERTOLINI, ROBERT 2000 GALLOPING HILL RD KENILWORTH, NJ 07033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur Cox Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #