

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 153593

FILED
Feb 15, 2010
Secretary of State

Entity Name: KEY PHARMACEUTICALS, INC.

Current Principal Place of Business:

2000 GALLOPING HILL RD
KENILWORTH, NJ 07033

New Principal Place of Business:

Current Mailing Address:

2000 GALLOPING HILL RD
KENILWORTH, NJ 07033

New Mailing Address:

FEI Number: 59-0598178 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: KOEHLER, STEVEN H
Address: 2000 GALLOPING HILL RD.
City-St-Zip: KENILWORTH, NJ 07033

Title: EVP
Name: BERTOLINI, ROBERT
Address: 2000 GALLOPING HILL RD
City-St-Zip: KENILWORTH, NJ 07033

Title: EVP
Name: COX, CARRIE
Address: 2000 GALLOPING HILL RD
City-St-Zip: KENILWORTH, NJ 07033

Title: VP
Name: CREELMAN, WILLIAM J
Address: 2000 GALLOPING HILL RD
City-St-Zip: KENILWORTH, NJ 07033

Title: AVP
Name: CECONI, ARTHUR
Address: 2000 GALLOPING HILL RD
City-St-Zip: KENILWORTH, NJ 07033

Title: S
Name: PRESSMAN, MICHAEL
Address: 2000 GALLOPING HILL RD
City-St-Zip: KENILWORTH, NJ 07033

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARTHUR CECONI, JR.

AVP

02/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date