2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 16, 2005 8:00 am Secretary of State 05-16-2005 90197 018 ***150.00 **DOCUMENT #834797** 1. Entity Name THE PURDUE FREDERICK COMPANY . 10 1 Principal Place of Business Mailing Address ONE STANFORD FORUM ONE STANFORD FORUM STAMFORD, CT 06901-3431 STAMFORD, CT 06901-3431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072005 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 36-2541557 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. -CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be \Box After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **EVCS** M Delete ☐ Change TITLE **X** Addition Director, Vice President & Secretary BAKER, STUART D NAME NAME Mortimer D. Sackler, M.D. STREET ADDRESS ONE STAMFORD FORUM STREET ADDRESS One Stamford Forum CITY-ST-ZIP STAMFORD, CT 06901 Stamford, CT 06901 CITY-ST-7IP EVCL TEN F Delete **Addition** Change Director, Vice President & Treasurer UDELL, HOWARD A. NAME NAME Raymond R. Sackler, M.D. STREET ADDRESS ONE STAMFORD FORUM STREET ADDRESS One Stamford Forum STAMFORD, CT 06901 CITY-ST-ZIP CITY-ST-ZIP Stamford, CT 06901 **PCEQ** Delete ☐ Change TITLE ☐ Addition FRIEDMAN, MICHAEL NAME NAME STREET ADDRESS ONE STAMFORD FORUM STREET ADDRESS CITY-ST-ZIP STAMFORD, CT 06901 CITY-ST-7IE TELLE FVT Delete TITLE Addition MAHONY, EDWARD B NAME NAME STREET ADORESS ONE STAMFORD FORUM STREET ADDRESS CITY-ST-ZIP STAMFORD, CT 06901 CITY-ST-ZIP TITLE D 🔀 Delete ☐ Change ☐ Addition TITLE NAME SACKLER, JONATHAN D NAME STREET ADDRESS ONE STAMFORD FORUM STREET ADDRESS CITY-ST-ZIP STAMFORD, CT 06901 CITY-ST-ZIP TITLE 💢 Delete TITLE Addition ☐ Change SACKLER, BEVERLY NAME NAME ONE STAMFORD FORUM STREET ADDRESS STREET ADDRESS CHY-ST-ZIP STAMFORD, CT 06901 CITY-ST-7IP 12. 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 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 charged, or on an attachment with an address, with all other like empowered.

Mortimer D. Sackler, M.D.,

Vice President

SIGNATURE:

FILED

203-588-2615