



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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							
Principal Place of Business ONE STANFORD FORUM STAMFORD, CT 06901-3431		Mailing Address ONE STANFORD FORUM STAMFORD, CT 06901-3431					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 36-2541557			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	EVCS	<input checked="" type="checkbox"/> Delete	TITLE	Director, Vice President & Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BAKER, STUART D		NAME	Mortimer D. Sackler, M.D.			
STREET ADDRESS	ONE STANFORD FORUM		STREET ADDRESS	One Stamford Forum			
CITY-ST-ZIP	STAMFORD, CT 06901		CITY-ST-ZIP	Stamford, CT 06901			
TITLE	EVCL	<input checked="" type="checkbox"/> Delete	TITLE	Director, Vice President & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	UDELL, HOWARD A.		NAME	Raymond R. Sackler, M.D.			
STREET ADDRESS	ONE STANFORD FORUM		STREET ADDRESS	One Stamford Forum			
CITY-ST-ZIP	STAMFORD, CT 06901		CITY-ST-ZIP	Stamford, CT 06901			
TITLE	PCEO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRIEDMAN, MICHAEL		NAME				
STREET ADDRESS	ONE STANFORD FORUM		STREET ADDRESS				
CITY-ST-ZIP	STAMFORD, CT 06901		CITY-ST-ZIP				
TITLE	EVT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAHONY, EDWARD B		NAME				
STREET ADDRESS	ONE STANFORD FORUM		STREET ADDRESS				
CITY-ST-ZIP	STAMFORD, CT 06901		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SACKLER, JONATHAN D		NAME				
STREET ADDRESS	ONE STANFORD FORUM		STREET ADDRESS				
CITY-ST-ZIP	STAMFORD, CT 06901		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SACKLER, BEVERLY		NAME				
STREET ADDRESS	ONE STANFORD FORUM		STREET ADDRESS				
CITY-ST-ZIP	STAMFORD, CT 06901		CITY-ST-ZIP				
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 changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 		Mortimer D. Sackler, M.D., Vice President		5-11-05 203-588-2615			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			