


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # 834797			
1. Entry 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01152007 Chg-P CR2E034 (12/08)	
4. FEI Number 36-2541557		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		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 entry 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 must be in black ink on a white background and legible. (NOTE: Registered agent business or home address only.)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$250.00		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 NAME STREET ADDRESS CITY-STATE-ZIP	DVPS SACKLER, MORTIMER O M.D. ONE STAMFORD FORUM STAMFORD, CT 06901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	A. A. Howard R. Udell One Stamford Forum Stamford, CT 06901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVPT SACKLER, RAYMOND R M.D. ONE STAMFORD FORUM STAMFORD, CT 06901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 507, 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: <u>Howard R. Udell</u>		Howard R. Udell February 12, 2007 <u>203-589-7020</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			