

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002113

Entity Name: TEVA NEUROSCIENCE, INC.

FILED
Feb 21, 2007
Secretary of State

Current Principal Place of Business:

901 E. 104TH STREET
SUITE 900
KANSAS CITY, MO 64131

New Principal Place of Business:

Current Mailing Address:

901 E. 104TH STREET
SUITE 900
KANSAS CITY, MO 64131

New Mailing Address:

FEI Number: 23-3023331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: SEC () Delete
Name: RODENBERG, JAMES
Address: 901 EAST 104TH STREET, SUITE 900
City-St-Zip: KANSAS CITY, MO 64131

Title: PCXO () Delete
Name: DOWNEY, LARRY
Address: 901 EAST 104TH STREET, STE 900
City-St-Zip: KANSAS CITY, MO 64131

Title: AS () Delete
Name: EGOSI, RICHARD
Address: 1090 HORSHAM ROAD
City-St-Zip: NORTH WALES, PA 19454

Title: AT () Delete
Name: NASE, RICHARD
Address: 1090 HORSHAM ROAD
City-St-Zip: NORTH WALES, PA 19454

Title: VP () Delete
Name: DICKINSON, LARRY
Address: 901 EAST 104TH STREET, STE 900
City-St-Zip: KANSAS CITY, MO 64131

Title: VP () Delete
Name: MCHUGH, MICHAEL
Address: 901 EAST 104TH STREET, STE 900
City-St-Zip: KANSAS CITY, MO 64131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: EGOSI, RICHARD
Address: 425 PRIVET ROAD
City-St-Zip: HORSHAM, PA 19044

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES RODENBERG

SEC

02/21/2007

Electronic Signature of Signing Officer or Director

Date