

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002113

Entity Name: TEVA NEUROSCIENCE, INC.

FILED
Feb 23, 2009
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: 425 PRIVET ROAD
City-St-Zip: HORSHAM, PA 19044

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

Title: VP () Delete
Name: CONGLETON, JON
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: SHANAHAN, BRIAN
Address: 425 PRIVET ROAD
City-St-Zip: HORSHAM, PA 19044

Title: AT (X) Change () Addition
Name: WHITE, STEVE
Address: 1090 HORSHAM ROAD
City-St-Zip: NORTH WALES, PA 19454

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 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

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date