

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90026 017 ***150.00

DOCUMENT # F00000006643

1. Entity Name

TAKEDA PHARMACEUTICALS AMERICA, INC.

Principal Place of Business

**475 HALF DAY ROAD, SUITE 500
 LINCOLNSHIRE IL 60069**

Mailing Address

**475 HALF DAY ROAD, SUITE 500
 LINCOLNSHIRE IL 60069**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4394197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Delete
 NAME **RHINE, CURTIS**
 STREET ADDRESS **475 HALF DAY ROAD, SUITE 500**
 CITY-ST-ZIP **LINCOLNSHIRE IL 60069**

TITLE ☐ Change ☒ Addition
 NAME **SEE ATTACHED**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

CURTIS RHINE

4/26/01

847-362-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

TAKEDA PHARMACEUTICALS AMERICA, INC.

FEIN# 36-4394197

LIST OF OFFICERS AS OF 01/01/2001

B0053184

#700000006064E

NAME	TITLE	HOME ADDRESS	SOCIAL SECURITY #
Officers:			
Alan MacKenzie	President	27068 Wellington Court Barrington, IL 60010	064-46-5347
Curtis Rhine	Treasurer	1125 Heather Road Deerfield, IL 60015	462-82-6743
Masumitsu Inoue	Assistant Treasurer	475 Half Day Road Suite 500 Lincolnshire, IL 60069	100-84-8090
Marlene Dubas	Secretary	2515 Stonebridge Lane Northbrook, IL 60062	359-42-3393
Yasushi Kojima	Assistant Secretary	387 Town Place Circle Buffalo Grove, IL 60089	348-96-6112
Directors:			
Saburo Hamanaka		1-1 Doshomachi 4-chome chuo-ku Osaka 5408645, Japan	332-72-4071
Alan MacKenzie		27068 Wellington Court Barrington, IL 60010	064-46-5347
Yasuchika Hasegawa		A-1405, 6-14-18 Niitaka Yodogawanku Osaka City Osaka, Japan	