2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90044 011 ***150.00

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1. Entity Name
TAKEDA PHARMACEUTICALS AMERICA, INC.

Principal Place of Business	Mailing Address
475 HALF DAY ROAD, ~~SUITE 500~~ LINCOLNSHIRE, IL 60069	475 HALF DAY ROAD, ~~SUITE 500~~ LINCOLNSHIRE, IL 60069

01152004 Chg-P CR2E034 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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-ST-ZIP	P BOOTH, MARK 1091 LAWRENCE AVE LAKE FOREST, IL 60045	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Mark Booth 475 Half Day Road Lincolnshire IL 60069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXVP OKA, NOBUYA 286 BAY TREE CT VERNON HILLS, IL 60061	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXVP OKA, NOBUYA 475 Half Day Road Lincolnshire IL 60069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RHINE, CURTIS 20 SANDPIPER LANE LAKE FOREST, IL 60045	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Rhine, Curtis 475 Half Day Road Lincolnshire IL 60069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DUBAS, MARLENE 2515 STONEBRIDGE LANE NORTHBROOK, IL 60062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Dubas, Marlene 475 Half Day Road Lincolnshire IL 60069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS KOJIMA, YASUSHI 387 TOWN PLACE CIRCLE BUFFALO GROVE, IL 60089	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mark Booth 475 HALF Day Road Lincolnshire, IL 60069	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NARAI, YOSHIHIRO 1-1 DOSHOMACHI 4-CHOME CHUO-KU JAPAN, JP 540-845	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OKA, Nobuya 475 Half Day Road Lincolnshire IL 60069	☐ Change ☒ Addition

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: CRRhine Curtis Rhine 3/16/04 847-383-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #