

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003775

Entity Name: WATSON PHARMA, INC.

FILED
Mar 17, 2011
Secretary of State

Current Principal Place of Business:

360 MOUNT KEMBLE AVE
MORRISTOWN, NJ 07960

New Principal Place of Business:

400 INTERPACE PARKWAY
PARSIPPANY, NJ 07054

Current Mailing Address:

360 MOUNT KEMBLE AVE
MORRISTOWN, NJ 07960

New Mailing Address:

311 BONNIE CIRCLE
CORONA, CA 92880

FEI Number: 11-2726505

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

OFFICERS AND DIRECTORS:

Title: PD
Name: BISARO, PAUL M
Address: 400 INTERPACE PARKWAY
City-St-Zip: PARSEPPANY, NJ 07054

Title: EVP
Name: WILKINSON, G. FREDERICK
Address: 400 INTERPACE PARKWAY
City-St-Zip: PARSEPPANY, NJ 07054

Title: SVP
Name: MUNRO, GORDON
Address: 400 INTERPACE PARKWAY
City-St-Zip: PARSEPPANY, NJ 07054

Title: S
Name: BUCHEN, DAVID A
Address: 311 BONNIE CIRCLE
City-St-Zip: CORONA, CA 92880

Title: CFO
Name: JOYCE, R.TODD
Address: 400 INTERPACE PARKWAY
City-St-Zip: PARSEPPANY, NJ 07054

I hereby 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 all other like empowered.

SIGNATURE: DAVID A BUCHEN

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03/17/2011

Electronic Signature of Signing Officer or Director

Date