2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000001252

1. Entity Name
AUXILIUM PHARMACEUTICALS, INC.

Principal Place of Business	Mailing Address
160 WEST GERMANTOWN PIKE, SUITE D-5 NORRISTOWN, PA 19401	160 WEST GERMANTOWN PIKE, SUITE D-5 NORRISTOWN, PA 19401

07082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-3016883
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000170034
08/13/04-80001-012 558.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HENWOOD, GERALDINE A
STREET ADDRESS	160 WEST GERMANTOWN PIKE, SUITE D-5
CITY-ST-ZIP	NORRISTOWN, PA 19401
TITLE	VS
NAME	HOLLINGSWORTH, JANE H
STREET ADDRESS	160 WEST GERMANTOWN PIKE, SUITE D-5
CITY-ST-ZIP	NORRISTOWN, PA 19401
TITLE	T
NAME	CORNEILIUS, LANSING
STREET ADDRESS	160 WEST GERMANTOWN PIKE
CITY-ST-ZIP	NORRISTOWN, PA 19401
TITLE	D
NAME	PURCELL, DENNIS J
STREET ADDRESS	888 7TH AVE 29TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10106
TITLE	D
NAME	CHURCHILL, WINSTON
STREET ADDRESS	435 DEVON PARK DRIVE
CITY-ST-ZIP	WAYNE, PA 19087
TITLE	D
NAME	CHAMBON, PHILIPPE
STREET ADDRESS	11 MADISON AVE 26TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10010

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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: _____ 7/19/04 610-239-8858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #