

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90001 016 \*\*\*550.00

<b>DOCUMENT # F02000001252</b> 1. Entity Name <b>AUXILIUM PHARMACEUTICALS, INC.</b>					
Principal Place of Business <b>40 VALLEY STREAM PARKWAY MALVERN, PA 19355</b>			Mailing Address <b>40 VALLEY STREAM PARKWAY MALVERN, PA 19355</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>23-3016883</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HENWOOD, GERALDINE A</b> <b>160 WEST GERMANTOWN PIKE, SUITE D-5</b> <b>NORRISTOWN, PA 19401</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/CEO/P</b> <b>ANIDO, ARMANDO</b> <b>40 VALLEY STREAM PARKWAY</b> <b>MALVERN, PA 19355</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>EVANS, JENNIFER S</b> <b>160 WEST GERMANTOWN PIKE, SUITE D-5</b> <b>NORRISTOWN, PA 19401</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP/GC/HR/S</b> <b>STACEY, JENNIFER EVANS</b> <b>40 VALLEY STREAM PARKWAY</b> <b>MALVERN, PA 19355</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CORNEILIUS, LANSING</b> <b>160 WEST GERMANTOWN PIKE</b> <b>NORRISTOWN, PA 19401</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFD</b> <b>FICKENSCHER, JAMES E</b> <b>40 VALLEY STREAM PARKWAY</b> <b>MALVERN, PA 19355</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PURCELL, DENNIS J</b> <b>888 7TH AVE 29TH FLOOR</b> <b>NEW YORK, NY 10106</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHURCHILL, WINSTON</b> <b>435 DEVON PARK DRIVE</b> <b>WAYNE, PA 19087</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <b>1200 LIBERTY RIDGE, SUITE 300</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHAMBON, PHILIPPE</b> <b>11 MADISON AVE 26TH FLOOR</b> <b>NEW YORK, NY 10010</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <b>7 TIMES SQUARE TOWER, SUITE 1603</b> <b>NEW YORK, NY 10036</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Jennifer Evans Stacey</u> <b>JENNIFER EVANS STACEY</b> 8/16/06					

# ATTACHMENT

Rider A

AUXILIUM PHARMACEUTICALS, INC.

Block 11. (cont.)

40101934

# F020000 01252

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTOMARI, AL 600 COLLEGE ROAD EAST, SUITE 3200, ROOM 348 PRINCETON, NJ 08540 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESCHERER, EDWIN A. 38 ENGLISH DRIVE WILTON, CT 06897 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLASSON, ROLF 14 WOLF HILL TERRACE MARTINSVILLE, NJ 08836 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FETZER, OLIVER 65 HAYDEN AVENUE LEXINGTON, MA 02421 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition