

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90012 010 \*\*\*150.00

**DOCUMENT # F02000001252**

1. Entity Name  
**AUXILIUM PHARMACEUTICALS, INC.**



Principal Place of Business  
**40 VALLEY STREAM PARKWAY  
MALVERN, PA 19355**

Mailing Address  
**40 VALLEY STREAM PARKWAY  
MALVERN, PA 19355**

40117473



04262007 No Chg-P CR2E034 (11/05)

**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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DCEO
NAME	ANIDO, ARMANDO
STREET ADDRESS	40 VALLEY STREAM PARKWAY
CITY-ST-ZIP	MALVERN, PA 19355
TITLE	EVPG
NAME	STACEY, JENNIFER EVANS
STREET ADDRESS	40 VALLEY STREAM PARKWAY
CITY-ST-ZIP	MALVERN, PA 19355
TITLE	CFO
NAME	FICKENSCHER, JAMES E
STREET ADDRESS	40 VALLEY STREAM PARKWAY
CITY-ST-ZIP	MALVERN, PA 19355
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	1200 LIBERTY RIDGE, SUITE 300
CITY-ST-ZIP	WAYNE, PA 19087
TITLE	D
NAME	CHAMBON, PHILIPPE
STREET ADDRESS	7 TIMES SQUARE TOWER, SUITE 1603
CITY-ST-ZIP	NEW YORK, NY 10036

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Jennifer Evans Stacey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 28 2007* 484-321-5903  
Date Daytime Phone #



ATTACHMENT

Auxilium Pharmaceuticals, Inc.  
40 Valley Stream Parkway  
Malvern, PA 19355  
P 484-321-5900  
F 484-321-5999  
www.auxilium.com

40117475

Direct Dial: (484) 321-5911  
Email: cjohnson@auxilium.com

May 7, 2007

VIA FIRST CLASS MAIL

Florida Department of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

Re: **Auxilium Pharmaceuticals, Inc.**  
**F02000001252**  
**2007 Annual Report**

Dear Sir/Madam:

With respect to the above-referenced Delaware corporation, I have enclosed herewith for filing, the 2007 Annual Report, along with Check No. 21806 made payable to the Florida Department of State, in the amount of \$150.00, which represents the applicable filing fee.

Please feel free to contact me should you have any questions or require additional information concerning this matter. I can be reached at (484) 321-5911.

Thank you.

Very truly yours,

A handwritten signature in black ink, appearing to read "Cathy Johnson", written in a cursive style.

Cathy Johnson  
Paralegal

Enclosures