

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001252

FILED
Apr 08, 2008
Secretary of State

Entity Name: AUXILIUM PHARMACEUTICALS, INC.

Current Principal Place of Business:

40 VALLEY STREAM PARKWAY
MALVERN, PA 19355

New Principal Place of Business:

Current Mailing Address:

40 VALLEY STREAM PARKWAY
MALVERN, PA 19355

New Mailing Address:

FEI Number: 23-3016883

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: ANIDO, ARMANDO
Address: 40 VALLEY STREAM PARKWAY
City-St-Zip: MALVERN, PA 19355

Title: EVPG () Delete
Name: STACEY, JENNIFER EVANS
Address: 40 VALLEY STREAM PARKWAY
City-St-Zip: MALVERN, PA 19355

Title: CFO () Delete
Name: FICKENSCHER, JAMES E
Address: 40 VALLEY STREAM PARKWAY
City-St-Zip: MALVERN, PA 19355

Title: D () Delete
Name: PURCELL, DENNIS J
Address: 888 7TH AVE 29TH FLOOR
City-St-Zip: NEW YORK, NY 10106

Title: D (X) Delete
Name: CHURCHILL, WINSTON
Address: 1200 LIBERTY RIDGE, SUITE 300
City-St-Zip: WAYNE, PA 19087

Title: D () Delete
Name: CHAMBON, PHILIPPE
Address: 7 TIMES SQUARE TOWER, SUITE 1603
City-St-Zip: NEW YORK, NY 10036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANIDO, ARMANDO
Address: 40 VALLEY STREAM PARKWAY
City-St-Zip: MALVERN, PA 19355

Title: S (X) Change () Addition
Name: STACEY, JENNIFER EVANS
Address: 40 VALLEY STREAM PARKWAY
City-St-Zip: MALVERN, PA 19355

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARMANDO ANIDO

D

04/08/2008

Electronic Signature of Signing Officer or Director

Date