

FD300 0001187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

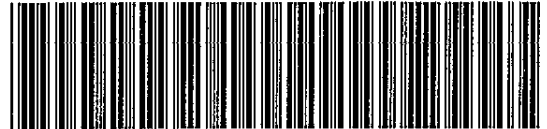
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL 32304

JB
3-11-03

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MERIDIAN MEDICAL TECHNOLOGIES, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TANIA MASIUK
(Name of Person)
MERIDIAN MEDICAL TECHNOLOGIES, INC.
(Firm/Company)
10240 OLD COLUMBIA ROAD
(Address)
COLUMBIA, MARYLAND 21046
(City/State and Zip code)

For further information concerning this matter, please call:

TANIA MASIUK at (443) 259-7800
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Meridian Medical Technologies Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 52-0898764
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1969 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 10240 Old Columbia Road, Columbia MD 21046
Same as above
(Current mailing address)
8. Manufacturer and supplier of drug delivery systems
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip code)
10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

Stacy M. Rosenthal
Vice President and
Assistant Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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12. Names and business addresses of officers and/or directors: *Please see Appendix A.*

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *[Signature]*

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

(Typed or printed name and capacity of person signing application)

12. Names and business addresses of officers and/or directors

A. DIRECTORS

1. Jefferson J. Gregory

Business Address:
King Pharmaceuticals, Inc.
501 Fifth Street
Bristol, Tennessee 37620

2. James R. Lattanzi

Business Address:
King Pharmaceuticals, Inc.
501 Fifth Street
Bristol, Tennessee 37620

3. Kyle P. Macione

Business Address:
King Pharmaceuticals, Inc.
501 Fifth Street
Bristol, Tennessee 37620

B. OFFICERS

1. **President and Chief Executive Officer:** James H. Miller

Business Address:
Meridian Medical Technologies, Inc.
10240 Old Columbia Road
Columbia, Maryland 21046

2. **President, Cardiopulmonary Systems:** Carl J. Rebert

Business Address:
Meridian Medical Technologies, Inc.
10240 Old Columbia Road
Columbia, Maryland 21046

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3. **Senior Vice President: Gerald L. Wannarka**

Business Address:

Meridian Medical Technologies, Inc.
10240 Old Columbia Road
Columbia, Maryland 21046

4. **Senior Vice President: Robert J. Kilgore**

Business Address:

Meridian Medical Technologies, Inc.
10240 Old Columbia Road
Columbia, Maryland 21046

5. **Vice President, Finance and Chief Financial Officer: Dennis P. O'Brien**

Business Address:

Meridian Medical Technologies, Inc.
10240 Old Columbia Road
Columbia, Maryland 21046

6. **Vice President, Organizational Development: Peter A. Garbis**

Business Address:

Meridian Medical Technologies, Inc.
10240 Old Columbia Road
Columbia, Maryland 21046

7. **Secretary: Steven Kaplan**

Business Address:

Arnold & Porter
555 Twelfth Street, N.W.
Washington, DC 20004-1206

8. **Assistant Secretary: Jody Michael**

Business Address:

Meridian Medical Technologies, Inc.
10240 Old Columbia Road
Columbia, Maryland 21046

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Delaware

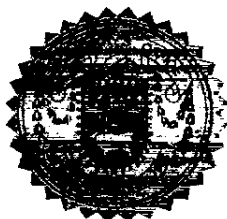
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MERIDIAN MEDICAL TECHNOLOGIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF MARCH, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2289283

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DATE: 03-05-03