

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90046 046 \*\*\*150.00



**DOCUMENT # F03000005558**  
 1. Entity Name  
**PURDUE PHARMA INC.**

Principal Place of Business  
**ONE STAMFORD FORUM**  
**STAMFORD, CT 06901**

Mailing Address  
**ONE STAMFORD FORUM**  
**STAMFORD, CT 06901**



01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1307486** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO FRIEDMAN, MICHAEL ONE STAMFORD FORUM STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC UDELL, HOWARD R ONE STAMFORD FORUM STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS BAKER, STUART D ONE STAMFORD FORUM STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT MAHONY, EDWARD B ONE STAMFORD FORUM STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACKLER, MORTIMER D M.D. ONE STAMFORD FORUM STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACKLER, THERESA E. ONE STAMFORD FORUM STAMFORD, CT 06901

**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:** **Stuart D. Baker, Executive Vice President,** 1-22-07  
 \_\_\_\_\_ Date Daytime Phone # 212-408-5435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# ATTACHMENT

PURDUE PHARMA INC.  
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## 10. Additional Officers/Directors

Name	Title	Address
Kathe A. Sackler, M.D.	Director	One Stamford Forum Stamford, Connecticut 06901
Mortimer D.A. Sackler	Director	One Stamford Forum Stamford, Connecticut 06901
Raymond R. Sackler, M.D.	Director	One Stamford Forum Stamford, Connecticut 06901
Beverly Sackler	Director	One Stamford Forum Stamford, Connecticut 06901
Richard S. Sackler, M.D.	Director	One Stamford Forum Stamford, Connecticut 06901
Jonathan D. Sackler	Director	One Stamford Forum Stamford, Connecticut 06901