

APR-02-2004 FRI 01:34 PM NCR

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Division of Corporations

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FOREIGN PROFIT QUALIFICATION

Daiichi Pharmaceutical Corporation

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 2, 2004

NATIONAL CORPORATE RESEARCH, LTD

SUBJECT: DAIICHI PHARMACEUTICAL CORPORATION
REF: W04000012908

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Trevor Brumbley
Document Specialist

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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. **Dalichi Pharmaceutical Corporation**
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Delaware** 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **January 2, 2004** 5. **Perpetual**
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. **Upon qualification**
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **11 Philips Parkway** **Montvale** **NJ** **07645-1810**
(Principal office address)

(Current mailing address)

8. **Pharmaceutical Marketing and Sales.**
(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: **National Corporate Research, Ltd., Inc.**

Office Address: **103 N. Meridian Street**

Tallahassee, Florida **32301**
(City) (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.

A. Brucenne, ASST. Secy
(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.

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

A. DIRECTORS

Chairman: PLEASE SEE ATTACHED ADDENDUM.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PLEASE SEE ATTACHED ADDENDUM.

Address: _____

Vice President: _____

Address: _____

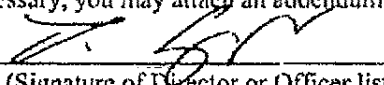
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Tomomichi Yokoyama Secretary

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

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ADDENDUMOfficers

James D. Hageman	President	11 Philips Parkway, Montvale, NJ 07645-1810
Terumichi Yokoyama	Secretary	11 Philips Parkway, Montvale, NJ 07645-1810
Louis DiCriscio	Treasurer	11 Philips Parkway, Montvale, NJ 07645-1810

Directors

Masatoshi Sakamoto	11 Philips Parkway, Montvale, NJ 07645-1810
Tsutomu Unc	11 Philips Parkway, Montvale, NJ 07645-1810
Kazunori Hirokawa	11 Philips Parkway, Montvale, NJ 07645-1810
Yoichi Hara	11 Philips Parkway, Montvale, NJ 07645-1810
Kazunobu Nakatsuka	11 Philips Parkway, Montvale, NJ 07645-1810
Toshiaki Sai	11 Philips Parkway, Montvale, NJ 07645-1810
James D. Hageman	11 Philips Parkway, Montvale, NJ 07645-1810
Nicholas Marcellos	11 Philips Parkway, Montvale, NJ 07645-1810
Thomas Komenda	11 Philips Parkway, Montvale, NJ 07645-1810

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 "DAIICHI PHARMACEUTICAL CORPORATION" 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 FIRST DAY OF APRIL, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAIICHI PHARMACEUTICAL CORPORATION" WAS INCORPORATED ON THE SECOND DAY OF JANUARY, A.D. 2004.

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

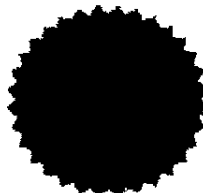
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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3027102

DATE: 04-01-04

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