


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90025 013 ***150.00

DOCUMENT # F04000003567	
1. Entity Name RX LABEL ACQUISITION CORP.	

Principal Place of Business 3301 ENTERPRISE AVENUE JOPLIN, MO 64801	Mailing Address 3301 ENTERPRISE AVENUE JOPLIN, MO 64801
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2. Principal Place of Business - No P.O. Box # <i>One Canterbury Green</i> Suite, Apt. #, etc. <i>6th Floor</i> City & State <i>Stamford, CT</i> Zip <i>06901</i> Country <i>USA</i>	3. Mailing Address <i>One Canterbury Green</i> Suite, Apt. #, etc. <i>5th Floor</i> City & State <i>Stamford, CT</i> Zip <i>06901</i> Country <i>USA</i>
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04262007 Chg-P CR2E034 (12/06)

4. FEI Number 20-1151536	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <i>CT Corporation System</i> <i>1200 South Pine Island Rd</i> <i>Plantation, FL 33324</i>
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7. Name and Address of New Registered Agent Name <i>Corporation Service Co.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1201 Hays Street</i> City <i>Tallahassee</i> FL Zip Code <i>32301</i>
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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 <i>Maurice Culh</i> <i>Asst V.P.</i> DATE <i>4/30/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P</i> <i>BURTON, ROBERT G SR</i> <i>ONE CANTERBURY GREEN</i> <i>STAMFORD, CT 06901</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>SULLIVAN, SEAN S</i> <i>ONE CANTERBURY GREEN</i> <i>STAMFORD, CT 06901</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S</i> <i>DAVIS, TIMOTHY M</i> <i>ONE CANTERBURY GREEN</i> <i>STAMFORD, CT 06901</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>C/D</i> <i>Burton, Robert G SR</i> <i>One canterbury green</i> <i>Stamford, CT 06901</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T</i> <i>Robert J. Lynn</i> <i>One canterbury green</i> <i>Stamford, CT 06901</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/D</i> <i>Thomas Oliva</i> <i>One canterbury green</i> <i>Stamford, CT 06901</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V</i> <i>Kenneth Bacon</i> <i>One canterbury green</i> <i>Stamford, CT 06901</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 another like empowered.
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SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>4/26/07</i>	Daytime Phone # <i>203-555-3000</i>
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