

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004396

FILED
Jan 09, 2008
Secretary of State

Entity Name: ADAMS RESPIRATORY OPERATIONS SUB, INC.

Current Principal Place of Business:

14801 SOVEREIGN RD
FORT WORTH, TX 76155

New Principal Place of Business:

Current Mailing Address:

4 MILL RIDGE LN
CHESTER, NJ 07930

New Mailing Address:

FEI Number: 41-2206361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PCEO () Delete
Name: VALENTINO, MICHAEL J
Address: 4 MILL RIDGE LN
City-St-Zip: CHESTER, NJ 07930

Title: VP () Delete
Name: COLE, BRAD
Address: 4 MILL RIDGE LN
City-St-Zip: CHESTER, NJ 07930

Title: CFO () Delete
Name: BECKER, DAVID
Address: 4 MILL RIDGE LN
City-St-Zip: CHESTER, NJ 07930

Title: COO () Delete
Name: CASALE, ROBERT
Address: 4 MILL RIDGE LN
City-St-Zip: CHESTER, NJ 07930

Title: EVPS () Delete
Name: RIEHEMANN, WALTER E
Address: 4 MILL RIDGE LN
City-St-Zip: CHESTER, NJ 07930

Title: VPAS () Delete
Name: COLE, BRAD
Address: 4 MILL RIDGE LN
City-St-Zip: CHESTER, NJ 07930

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPAS (X) Change () Addition
Name: COLE, BRAD
Address: 4 MILL RIDGE LN
City-St-Zip: CHESTER, NJ 07930

Title: CFO (X) Change () Addition
Name: O'CONNOR, RITA M
Address: 4 MILL RIDGE LN
City-St-Zip: CHESTER, NJ 07930

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: JOAN C. MUELLER

AS

01/09/2008

Electronic Signature of Signing Officer or Director

Date