

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000004628

FILED
Oct 29, 2010
Secretary of State

Entity Name: RELIANT PHARMACEUTICALS, INC.

Current Principal Place of Business:

110 ALLEN RD
LIBERTY CORNER, NJ 07938

New Principal Place of Business:

ONE FRANKLIN PLAZA
200 NORTH 16TH STREET
PHILADELPHIA, PA 19102

Current Mailing Address:

110 ALLEN RD
LIBERTY CORNER, NJ 07938

New Mailing Address:

ONE FRANKLIN PLAZA
200 NORTH 16TH STREET
PHILADELPHIA, PA 19102

FEI Number: 22-3740140

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 32301 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: AMY S. ZEIGLER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: VOJIR, NORMAN
Address: ONE FRANKLIN PLAZA, 200 N 16TH ST.
City-St-Zip: PHILADELPHIA, PA 19102

Title: P
Name: PERNOCK, DAVID M
Address: ONE FRANKLIN PLAZA, 200 N. 16TH ST.
City-St-Zip: PHILADELPHIA, PA 19102

Title: AS
Name: SOTHERN, ARLENE
Address: ONE FRANKLIN PLAZA 200 N 16TH STREET
City-St-Zip: PHILADELPHIA, PA 19102

Title: S
Name: MASHER, WILLIAM
Address: ONE FRANKLIN PLAZA 200 N 16TH STREET
City-St-Zip: PHILADELPHIA, PA 19102

I hereby 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 all other like empowered.

SIGNATURE: ARLENE SOTHERN

AS

10/29/2010

Electronic Signature of Signing Officer or Director

Date