2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2011
Secretary of State

DOCUMENT# F06000005117

Entity Name: SHIONOGI PHARMA SALES, INC.

Current Principal Place of Business:

5 CONCOURSE PKWY, STE 1800
ATLANTA, GA 30328

New Principal Place of Business:

300 CAMPUS DRIVE
FLORHAM PARK, NJ 07932

Current Mailing Address:

5 CONCOURSE PKWY, STE 1800
ATLANTA, GA 30328

New Mailing Address:

300 CAMPUS DRIVE
FLORHAM PARK, NJ 07932

FEI Number: 20-4982069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: MR
Name: FERGUSON, KEITH
Address: 300 CAMPUS DRIVE
City-St-Zip: FLORHAM PARK, NJ 07932

Title: MR
Name: HARA, TADASHI
Address: 300 CAMPUS DRIVE
City-St-Zip: FLORHAM PARK, NJ 07932

Title: MR
Name: SAPAN, SHAH
Address: 300 CAMPUS DRIVE
City-St-Zip: FLORHAM PARK, NJ 07932

Title: MR
Name: BRIGNOLA, DOMINIC
Address: 300 CAMPUS DRIVE
City-St-Zip: FLORHAM PARK, NJ 07932

Title: MR
Name: MILLIGAN, MICHAEL
Address: 300 CAMPUS DRIVE
City-St-Zip: FLORHAM PARK, NJ 07932

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: MICHAEL MILLIGAN CAO 04/15/2011

Electronic Signature of Signing Officer or Director — Date