## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000000330

**Entity Name:** ICON PHARMACEUTICALS, INC.

**FILED** Feb 26, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 300 EAST CHURCH STREET 300 EAST CHURCH STREET ORLANDO, FL 328013560 ORLANDO, FL 32801 **Current Mailing Address: New Mailing Address:** 300 EAST CHURCH STREET 300 EAST CHURCH STREET ORLANDO, FL 328013560 ORLANDO, FL 32801 FEI Number: 20-3246634 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition HAMMONS, THOMAS CARLSON, WILLIAM E Name: Name: 2816 OXFORD MILLVILLE RD 9955 LAKE GEORGIA DRIVE Address: Address: City-St-Zip: OXFORD, OH 45056 City-St-Zip: ORLANDO, FL 32817 VCVP Title: (X) Change ( ) Addition Title: () Delete BUCKNER, LUTHER R Name: NELSON, GREG A Name: 1371 W RAHN RD 909 SWEETBRIAR ROAD Address: Address: CENTERVILLE, OH 45459 ORLANDO, FL 32806 City-St-Zip: City-St-Zip:

Title: ( ) Delete NELSON, GREG A Name: 1371 W RAHN RD Address: City-St-Zip: CENTERVILLE, OH 45459

Title: (X) Delete HAMMONS, TOM Name: Address: 2816 OXFORD MILLVILLE RD

City-St-Zip: OXFORD, OH 45056

City-St-Zip: ORLANDO, FL 32809 Title: () Change () Addition

1141 WINDSONG ROAD

FULMER, MACK

(X) Change ( ) Addition

Name: Address: City-St-Zip:

Title:

Name:

Address:

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: WILLIAM E CARLSON PD 02/26/2008