F0700000544A

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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TILLU
SECRETARY OF STATE

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KAY 1 6 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscqlobal.com

Date: May 11, 2018

Order#: 190781-005

Re: DUSA PHARMACEUTICALS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporatio	617,0502, 607,1508, or 617,1508, Floria on organized under the laws of the State o or registered agent, or both, in the State o	of New Jersey	
1. The name of t	the corporation: DUSA PHARMA	CEUTICALS, INC.		
2. The principal	office address: 25 Upton Drive,	Wilmington, MA 01887		
			·	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 11/01/200	Document number: F0700	0005442	
	I street address of the current regirment of State: (If resigned, enter	istered agent and registered office on file r resigned)	with the	
	C T Corporation System		_ =	
	1200 South Pine Island Road		SECP	
	Plantation	FL 33324	2011 MAY 1: SECRETAR ALLAHASS	T
6. The name and (if changed):	I street address of the new registe	red agent (if changed) and /or registered	ottiges 38 []	n n
	Corporation Service Company		2: 52 2: 52 STATE ORIDA	J.
	1201 Hays Street			
		Box NOT acceptable		
	Tallahassee	FL 32301	_	
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of	its registered agent.	
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by a been notified in writing of the change.	n officer so	
لو) X	e & aonie	Jill Cilmi, Vice President		
signatu	re of an officer or director	Printed or typed name and	title	
I further agree of performance of agent. Or, if the hereby confirm	to comply with the provisions of my duties, and I am familiar wit	gent and agree to act in this capacity, all statutes relative to the proper and co h and accept the obligation of my positi to reflect a change in the registered of ptified in writing of this change.	on as registered	
By: X)M	reo Tokuble	05/11/2018		
Sign	nature of Registered Agent	Date		
If signing on be	half of an emity:			
Grace E. Kirby,	Assistant Vice President	_		
T'	eped or Printed Name			

* * * FILING FEE: \$35.00 * * *