

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002435

FILED  
Feb 17, 2010  
Secretary of State

Entity Name: CEVA ANIMAL HEALTH, INC.

## Current Principal Place of Business:

8901 ROSEHILL ROAD  
LENEXA, KS 66215

## New Principal Place of Business:

## Current Mailing Address:

8901 ROSEHILL ROAD  
LENEXA, KS 66215

## New Mailing Address:

FEI Number: 43-1154615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P  
Name: BOURGEOIS, ARNAUD  
Address: 8906 ROSEHILL RD  
City-St-Zip: LENEXA, KS 66215

Title: CO  
Name: BUTLER, BRADLEY H  
Address: 465 SOVEREIGN COURT  
City-St-Zip: MANCHESTER, MO 63011

Title: V  
Name: BUTLER, BRIAN P  
Address: 465 SOVEREIGN COURT  
City-St-Zip: MANCHESTER, MO 63011

Title: V  
Name: BERRA, CHARLES  
Address: 465 SOVEREIGN COURT  
City-St-Zip: MANCHESTER, MO 63011

Title: CFO  
Name: CAZEAUX, OLIVIER  
Address: 8906 ROSEHILL ROAD  
City-St-Zip: LENEXA, KS 66215

Title: SD  
Name: MAZEAUD, VALERIE  
Address: 87 RUE SAINT LAZARE  
City-St-Zip: 75009 PARIS FRANCE,

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: OLIVIER CAZEAUX

CFO

02/17/2010

Electronic Signature of Signing Officer or Director

Date