

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004247

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** TEVA PHARMACEUTICALS USA, INC.

**Current Principal Place of Business:**

1090 HORSHAM RD  
NORTH WALES, PA 19454

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BRIAN SHANAHAN, ESQ.  
425 PRIVET RD  
HORSHAM, PA 19044

**New Mailing Address:**

**FEI Number:** 22-1734359      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SVP  
Name: EGOSI, RICHARD  
Address: 425 PRIVET ROAD  
City-St-Zip: HORSHAM, PA 19044

Title: D  
Name: FLETCHER, WILLI M  
Address: 1090 HORSHAM RD  
City-St-Zip: NORTH WALES, PA 194

Title: ASEC  
Name: SHANAHAN, BRIAN  
Address: 425 PRIVET ROAD  
City-St-Zip: HORSHAM, PA 19454 US

Title: D  
Name: JAKES, PETER  
Address: C/O WILKE FARR, 787 SEVENTH AVE, 43RD FLR  
City-St-Zip: NEW YORK, NY 10019

Title: CFO  
Name: GRIFFIN, DEBORAH  
Address: 1090 HORSHAM RD  
City-St-Zip: NORTH WALES, PA 19454 US

Title: DIR  
Name: MARTH, WILLIAM  
Address: 1090 HORSHAM RD  
City-St-Zip: NORTH WALES, PA 19454

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: BRIAN SHANAHAN

ASEC

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date