

F1000000 1078

(Requestor's Name)

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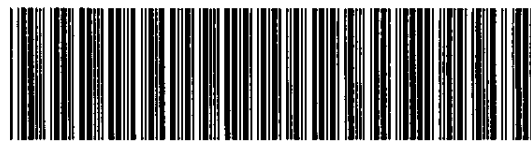
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Inspire Pharmaceuticals, Inc.
Name of Corporation

DOCUMENT NUMBER: F10000001078

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Doreen Wiman
Name of Contact Person
Akorn, Inc.
Firm/Company
1925 W. Field Court, Suite 300
Address
Lake Forest, Illinois 60045
City/State and Zip Code
doreen.wiman@akorn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doreen Wiman at (847) 353-4919
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

