2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2012
Secretary of State

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Entity Name: VALMED PHARMACEUTICAL, INC.

Current Principal Place of Business:

3000 ALT BLVD
GRAND ISLAND, NY 14072

New Principal Place of Business:

Current Mailing Address:

311 BONNIE CIRCLE
CORONA, CA 92880

New Mailing Address:

FEI Number: 65-0984094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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

OFFICERS AND DIRECTORS:

Title: CEOD
Name: BISARO, PAUL M
Address: 400 INTERPACE PARKWAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: EVP
Name: PAONESSA, ALBERT III
Address: 400 INTERPACE PARKWAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: EVP
Name: JOYCE, R TODD
Address: 400 INTERPACE PARKWAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: EVP
Name: BUCHEN, DAVID A
Address: 400 INTERPACE PARKWAY
City-St-Zip: PARSIPPANY, NJ 07054

Title: SVP
Name: GIORDANO, THOMAS
Address: 13900 NW 2ND STREET
City-St-Zip: SUNRISE, FL 33325

Title: AS
Name: HAGADORN, BRETT
Address: 311 BONNIE CIRCLE
City-St-Zip: CORONA, CA 92880

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: DAVID A BUCHEN SEC 02/03/2012

Electronic Signature of Signing Officer or Director — Date