

F 14 000003492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

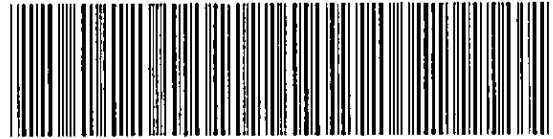
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
2020 APR -3 PM 07:57 -3 MI 9:23  
STATE  
TALLAHASSEE, FLORIDA

R. WHITE  
APR 06 2020

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 245148 4391256

AUTHORIZATION

COST LIMIT : \$52.50

ORDER DATE : March 31, 2020

ORDER TIME : 4:58 PM

ORDER NO. : 245148-020

CUSTOMER NO: 4391256

FOREIGN FILINGS

NAME: SUN PHARMACEUTICAL INDUSTRIES,  
INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Sun Pharmaceutical Industries, Inc.

Name of Corporation

**DOCUMENT NUMBER:** FI4000003492

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zvi Albert, Vice President - Finance & Treasurer

Name of Contact Person

Sun Pharmaceutical Industries, Inc.

Firm/Company

2 Independence Way

Address

Princeton, NJ 08540

City/State and Zip Code

Zvi.Albert@sunpharma.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zvi Albert, Vice President - Finance & Treasurer at ( 914 ) 345 - 9001

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☒ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F14000003492

\_\_\_\_\_  
(Document number of corporation (if known))

Sun Pharmaceutical Industries, Inc.

1. \_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. \_\_\_\_\_ 3. \_\_\_\_\_  
Michigan August 19, 2014  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Delaware

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

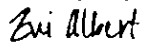
\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

2620 11-3 11:19:22

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/Capacity:</u>	<u>Name:</u>	<u>Address:</u>	<u>Type of Action:</u>
Director Princeton, NJ 08540	Sudhir Valia	2 Independence Way	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Director, Chief Executive Officer & President	Abhay Gandhi	2 Independence Way Princeton, NJ 08540	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Director, Vice President – Procurement	Jayesh Shah	2 Independence Way Princeton, NJ 08540	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Vice President – Finance & Treasurer	Abhay Gandhi	2 Independence Way Princeton, NJ 08540	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Secretary	Stephen Manzano	1 Commerce Drive, Suite B Cranbury, NJ 08512	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Vice President – Head of Human Resources	Michele Visosky	2 Independence Way Princeton, NJ 08540	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Vice President, Head of U.S. Supply Chain	Sai Mungara	2 Independence Way Princeton, NJ 08540	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Senior Vice President – Global Head Quality & Compliance	Jila Breeze	2 Independence Way Princeton, NJ 08540	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Executive Vice President, United States, Research & Development, Oral Solids and R&D, Gurgaon/Romania	Pradeep Sanghvi	2 Independence Way Princeton, NJ 08540	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Vice President, Information Technology, North America	Richard Glaze	2 Independence Way Princeton, NJ 08540	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Vice President Sales and Marketing, Generic Rx Sun	Dmitrey Kuznetsov	2 Independence Way Princeton, NJ 08540	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Vice President – Head of Operations, North America	Daryl LeSueur	2 Independence Way Princeton, NJ 08540	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

DocuSigned by:  
  
561007F0A8CF444

(Signature of a director, president or other officer – if in the hands of  
a receiver of other court appointed fiduciary, by the fiduciary)

Zvi Albert

(Typed or printed name of person signing)

Vice President - Finance & Treasurer

(Title of person signing)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUN PHARMACEUTICAL INDUSTRIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUN PHARMACEUTICAL INDUSTRIES, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



7893212 8300

SR# 20202087743

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202570546

Date: 03-12-20