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FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000352 (6)
1. Corporation Name
SUN PHARMACEUTICALS CORP.

Principal Place of Business
50 N. DUPONT HWY
P.O. BOX 7016
DOVER DE 19903-1516
US

Mailing Address
P.O. BOX 7016
DOVER DE 19903-1516
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/19/1992

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

04-3169080

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

City & State

City & State

23

28

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
V REONE, MAXWELL R
STREET ADDRESS
300 NYALA FARMS ROAD
CITY-ST-ZIP
WESTPORT CT

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
S YESTRUMSKAS, PAUL E
STREET ADDRESS
300 NYALA FARMS ROAD
CITY-ST-ZIP
WESTPORT CT

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
T FORBES, GLENN A
STREET ADDRESS
50 NORTH DUPONT HIGHWAY
CITY-ST-ZIP
DOVER DE

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D DOUGLAS D. WHEAT
STREET ADDRESS
300 CRESCENT COURT, SUITE 1700
CITY-ST-ZIP
DALLAS TX

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
DP MICHAEL R. GALLAGHER
STREET ADDRESS
300 NYALA FARMS ROAD
CITY-ST-ZIP
WESTPORT CT

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
V MICHAEL F. GOSS
STREET ADDRESS
300 NYALA FARMS ROAD
CITY-ST-ZIP
WESTPORT CT

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Glenn A. Forbes*

Glenn A. Forbes

4/28/98

(302) 678-6000

CR2E034 (10/97)