

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90036 033 ***150.00

DOCUMENT # F92000000352

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

4. FEI Number

04-3169080

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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

TITLE	V	<input type="checkbox"/> DELETE
NAME	RECON, MAXWELL R	
STREET ADDRESS	300 NYALA FARMS ROAD	
CITY-ST-ZIP	WESTPORT CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	YESTRUMSKAS, PAUL E	
STREET ADDRESS	300 NYALA FARMS ROAD	
CITY-ST-ZIP	WESTPORT CT	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FORBES, GLENN A	
STREET ADDRESS	50 NORTH DUPONT HIGHWAY	
CITY-ST-ZIP	DOVER DE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOUGLAS D. WHEAT	
STREET ADDRESS	300 CRESCENT COURT, SUITE 1700	
CITY-ST-ZIP	DALLAS TX	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MICHAEL R. GALLAGHER	
STREET ADDRESS	300 NYALA FARMS ROAD	
CITY-ST-ZIP	WESTPORT CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MICHAEL F. GOSS	
STREET ADDRESS	300 NYALA FARMS ROAD	
CITY-ST-ZIP	WESTPORT CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Vice President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *Glenn A. Forbes* Glenn A. Forbes, Treasurer

4/28/99

(302) 678-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)