

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90138 025 ***150.00

DOCUMENT # F92000000352

1. Entity 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



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3169080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	YESTRUMSKAS, PAUL E
STREET ADDRESS	300 NYALA FARMS ROAD
CITY - ST - ZIP	WESTPORT, CT
TITLE	EVP
NAME	KELLEY, KRIS
STREET ADDRESS	300 NYALA FARMS RD
CITY - ST - ZIP	WESTPORT, CT 06880
TITLE	D
NAME	DOUGLAS D. WHEAT
STREET ADDRESS	300 CRESCENT COURT, SUITE 1700
CITY - ST - ZIP	DALLAX, TX
TITLE	DCEO
NAME	DEFEO, NEIL
STREET ADDRESS	300 NYALA FARMS RD
CITY - ST - ZIP	WESTPORT, CT 06880
TITLE	VCC
NAME	MCCOLGAN, JOHN J
STREET ADDRESS	50 N DUPONT HWY
CITY - ST - ZIP	DOVER, DE
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _____

John J. McColgan, Treasurer & CFO 3/30/06 (302) 678-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

Playtex

Playtex Products, Inc.

Grant C. Burr
Director, Taxes
302 678-6884
302 678-6224 (fax)

40043902
F92000000352

50 North DuPont Highway
Post Office Box 7016
Dover, Delaware 19903-1516

March 31, 2006

Florida Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

**RE: SUN PHARMACEUTICALS CORP.
CORPORATION ANNUAL REPORT - 2006
FEIN 04-3169080**

Dear Madam or Sir:

Enclosed is our 2006 Corporation Annual Report, along with our check in the amount of \$150.00 in payment of the filing fee.

Kindly acknowledge receipt of this form and our check by placing your official stamp on the enclosed copy of this letter. An addressed-stamped envelope is provided for your convenience in returning the receipt.

Very truly yours,



Grant C. Burr

GCB:nm
Enclosures