

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

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**



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3169080

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**EVP
KELLEY, KRIS
300 NYALA FARMS RD
WESTPORT, CT 06880**

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DCEO
DEFEO, NEIL
300 NYALA FARMS RD
WESTPORT, CT 06880**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VCC
MCCOLGAN, JOHN J
50 N DUPONT HWY
DOVER, DE**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000737053
05/11/07-80012-017 150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07 (302) 678-6000
Date Office Phone #