

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED

08 MAY 28 AM 8:19

CLERK OF STATE
TALLAHASSEE, FLORIDA



04242008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 04-3169080		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		200130292182 05/28/08--01001--016 **450.00	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YESTRUMSKAS, PAUL E 300 NYALA FARMS ROAD WESTPORT, CT	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROSCH, TIMOTHY L. 533 MARYVILLE UNIVERSITY DRIVE ST. LOUIS, MO. 63141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP KELLEY, KRIS 300 NYALA FARMS RD WESTPORT, CT 06880	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HATFIELD, DAVID P. 533 MARYVILLE UNIVERSITY DRIVE ST. LOUIS, MO 63141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS D. WHEAT 300 CRESCENT COURT, SUITE 1700 DALLAX, TX	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO KLEIN, WARD M 533 MARYVILLE UNIVERSITY DRIVE ST. LOUIS, MO. 63141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO DEFEO, NEIL 300 NYALA FARMS RD WESTPORT, CT 06880	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRATMANN, GAYLE G. 533 MARYVILLE UNIVERSITY DRIVE ST. LOUIS, MO 63141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCC MCCOLGAN, JOHN J 50 N DUPONT HWY DOVER, DE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCC MCCOLGAN JOHN J. 533 MARYVILLE UNIVERSITY DRIVE ST. LOUIS, MO 63141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FOX, WILLIAM C. 533 MARYVILLE UNIVERSITY DRIVE ST. LOUIS, MO 63141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: _____ VP Corporate Controller April 24, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #