

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:24

DOCUMENT # F93000003196 (3)

1. Corporation Name

LEINER HEALTH PRODUCTS INC.

Principal Place of Business

Mailing Address

1845 WEST 205TH STREET
TORRANCE CA 90501

1845 WEST 205TH STREET
TORRANCE CA 90501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1993

3a. Date of Last Report

03/21/1994

4. FEI Number

95-3431709

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 has liability for metropolitan fees under S. 100.012

Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 901 East 233rd Street

2a. Mailing Address

26 901 East 233rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Carson, California

City & State

28 Carson, California

Zip

24 90745

Country

25 Los Angeles

Zip

29 90745

Country

30 Los Angeles

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 607.1408, 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 the corporation

Signature typed or printed name of registered agent and the corporation

(Date)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BRUBAKER, DAVID F
STREET ADDRESS	1845 WEST 205TH STREET
CITY, ST, ZIP	TORRANCE CA 90501
TITLE	CD
NAME	KAMINSKI, ROBERT M
STREET ADDRESS	1845 WEST 205TH STREET
CITY, ST, ZIP	TORRANCE CA 90501
TITLE	P
NAME	BENSUSSEN, GALE K
STREET ADDRESS	1845 WEST 205TH STREET
CITY, ST, ZIP	TORRANCE CA 90501
TITLE	VAST
NAME	LANGAN, KEVIN J
STREET ADDRESS	1845 WEST 205TH STREET
CITY, ST, ZIP	TORRANCE CA 90501
TITLE	VCFO
NAME	BEARDSLEY, DIANE J
STREET ADDRESS	1845 WEST 205TH STREET
CITY, ST, ZIP	TORRANCE CA 90501
TITLE	V
NAME	CAVENAH, ROBERT
STREET ADDRESS	1845 WEST 205TH STREET
CITY, ST, ZIP	TORRANCE CA 90501

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Chairman	☒ Change ☐ Addition
2. NAME	Brubaker, David	
3. STREET ADDRESS	901 East 233rd Street	
4. CITY, ST, ZIP	Carson, CA 90745	
5. TITLE	Chief Executive Officer	☒ Change ☐ Addition
6. NAME	Kaminaki, Robert	
7. STREET ADDRESS	901 East 233rd Street	
8. CITY, ST, ZIP	Carson, CA 90745	
9. TITLE	President	☒ Change ☐ Addition
10. NAME	Bensusen, Gale	
11. STREET ADDRESS	901 East 233rd Street	
12. CITY, ST, ZIP	Carson, CA 90745	
13. TITLE	Executive V.P., Asst. Sec.	☒ Change ☐ Addition
14. NAME	Lanigan, Kevin	
15. STREET ADDRESS	901 East 233rd Street	
16. CITY, ST, ZIP	Carson, CA 90745	
17. TITLE	Senior V.P., CFO	☒ Change ☐ Addition
18. NAME	Beardsley, Diane	
19. STREET ADDRESS	901 East 233rd Street	
20. CITY, ST, ZIP	Carson, CA 90745	
21. TITLE	V.P. Purchasing	☒ Change ☐ Addition
22. NAME	Cavenah, Rob	
23. STREET ADDRESS	901 East 233rd Street	
24. CITY, ST, ZIP	Carson, CA 90745	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 appointed to administer the 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:

Diane J. Beardsley

Senior V.P., CFO

06/15/95

(310) 952-1433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR