

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000003196 (3)

1. Corporation Name

LEINER HEALTH PRODUCTS INC.

Principal Place of Business

901 EAST 233RD STREET
CARSON CA 90745
US

Mailing Address

901 EAST 233RD STREET
CARSON CA 90745
US



3. Date Incorporated or Qualified
07/12/1993

3a. Date of Last Report
07/03/1995

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

29

30

4. FET 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 intangible tax under s 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME BRUBAKER, DAVID F
STREET ADDRESS 901 EAST 233RD STREET
CITY- ST- ZIP CARSON CA

DELETE

TITLE CEO
NAME KAMINSKI, ROBERT M
STREET ADDRESS 901 EAST 233RD STREET
CITY- ST- ZIP CARSON CA

DELETE

TITLE P
NAME BENSUSSEN, GALE K
STREET ADDRESS 901 EAST 233RD STREET
CITY- ST- ZIP CARSON CA

DELETE

TITLE VPAS
NAME LANIGAN, KEVIN J
STREET ADDRESS 901 EAST 233RD STREET
CITY- ST- ZIP CARSON CA

DELETE

TITLE VCFO
NAME BEARDSLEY, DIANE J
STREET ADDRESS 901 EAST 233RD STREET
CITY- ST- ZIP CARSON CA

DELETE

TITLE VP
NAME CAVENAH, ROB
STREET ADDRESS 901 EAST 233RD STREET
CITY- ST- ZIP CARSON CA

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Diane J. Beardsley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANE BEARDSLEY

4/17/96
Date

310-836-8400
Daytime Phone #

CR2E034 (12/95)