

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90083 031 ***150.00

0627564
 AT

DOCUMENT # F93000003196

1. Entity Name

LEINER HEALTH PRODUCTS INC.

Principal Place of Business

**901 EAST 233RD STREET
 CARSON CA 90745-6204
 US**

Mailing Address

**901 EAST 233RD STREET
 CARSON CA 90745-6204
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Attn: Tax Department

Suite, Apt. #, etc.

901 East 233rd St.

City & State

Carson, CA

Zip

90745-6204

Country

USA

4. FEI Number

95-3431709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T 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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CEO
 KAMINSKI, ROBERT M
 901 EAST 233RD STREET
 CARSON CA 90745-6204** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 BENSUSSEN, GALE K
 901 EAST 233RD STREET
 CARSON CA 90745-6204** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPAS
 LANNIGAN, KEVIN J
 901 EAST 233RD STREET
 CARSON CA 90745-6204** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VCPO
 MILLER, STEPHEN P
 901 EAST 23RD ST.
 CARSON CA 90745-6204** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 SANTIAGO, IVETTE
 901 EAST 23 RD ST
 CARSON CA 90745-6204** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 SIMMONS, ROBERT
 401 EAST 233RD ST
 CARSON CA 90745-6204** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VT
 901 EAST 233RD ST** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
901 EAST 233RD ST ☒ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Ivette Santiago*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP-Treasurer

(310) 952-1447/1433

Daytime Phone #

CR2E034 (9/01)