

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90010 005 ***550.00

DOCUMENT # F95000002277

1. Entity Name
CIRCASUB, INC.



Principal Place of Business
33 RALPH AVE.
COPIAGUE, NY 11726

Mailing Address
ATTN: SECRETARY
311 BONNIE CIRCLE
CORONA, CA 92880 US

40094046



05042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3817380

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
1200 SOUTH PINE ISLAND RD.
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	BUCHEN, DAVID A
STREET ADDRESS	311 BONNIE CIRCLE
CITY-ST-ZIP	CORONA, CA 928802882
TITLE	DCP
NAME	CHAO, ALLEN
STREET ADDRESS	311 BONNIE CIRCLE
CITY-ST-ZIP	CORONA, CA 928802882
TITLE	VT
NAME	JOYCE, R. TODD
STREET ADDRESS	311 BONNIE CIRCLE
CITY-ST-ZIP	CORONA, CA 92880
TITLE	AS
NAME	HAGADORN, BRETT W
STREET ADDRESS	311 BONNIE CIRCLE
CITY-ST-ZIP	CORONA, CA 928802882
TITLE	V
NAME	SLACIK, CHARLES
STREET ADDRESS	311 BONNIE CIRCLE
CITY-ST-ZIP	CORONA, CA 92880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

David A. Buchen, Secretary

5-19-06 951/493-5925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



WATSON Pharmaceuticals, Inc.

ATTACHMENT

40094046

~~#F95000002277~~

Ilona F. Bush

Paralegal

LEGAL DEPARTMENT

Telephone: (951) 493-5579

Facsimile: (951) 279-8094

May 19, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Circasub, Inc.

Dear Sir/Madam:

Enclosed are the following documents on behalf of the above-named corporation:

1. One original and one copy of the executed Annual Report; and
2. Check made payable to the Florida Department of State in the amount of \$550.

Please acknowledge receipt of the above by stamping the enclosed duplicate copy of the report and returning it to me in the enclosed, self-addressed stamped envelope.

If you have any questions, please do not hesitate to call me at 909/493-5579.

Very truly yours,

WATSON PHARMACEUTICALS, INC.

Ilona F. Bush

Ilona F. Bush
Paralegal

Encl.