

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F97000003090 (4)

1. Corporation Name

SANKYO PHARMA INC

Principal Place of Business

Mailing Address

182 TABOR RD
MORRIS PLAINS NJ 07950

182 TABOR RD
MORRIS PLAINS NJ 07950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number

13-3914479

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2 HILTON COURT	26 2 HILTON COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 PARSIPPANY, NJ	28 PARSIPPANY, NJ
Zip	Zip
24 07054-4410	29 07054-4410
Country	Country
25 U. S. A.	30 U. S. A.

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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 607.1508, 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 too if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	Chairman of the Board
NAME	KAWABE, SUSUME	1.2 NAME	KAWABE, SUSUME
STREET ADDRESS	182 TABOR RD	1.3 STREET ADDRESS	2 HILTON COURT
CITY - ST - ZIP	MORRIS PLAINS NJ 07950	1.4 CITY - ST - ZIP	PARSIPPANY NJ 07054-4410
TITLE	PT	2.1 TITLE	President and Treasurer
NAME	CHIBA, TAKASHI	2.2 NAME	CHIBA, TAKASHI
STREET ADDRESS	182 TABOR RD	2.3 STREET ADDRESS	2 HILTON COURT
CITY - ST - ZIP	MORRIS PLAINS NJ 07950	2.4 CITY - ST - ZIP	PARSIPPANY, NJ 07054-4410
TITLE	ST	3.1 TITLE	Secretary
NAME	ISHIDA, NORIAKI	3.2 NAME	ISHIDA, NORIAKI
STREET ADDRESS	182 TABOR RD	3.3 STREET ADDRESS	2 HILTON COURT
CITY - ST - ZIP	MORRIS PLAINS NJ 07950	3.4 CITY - ST - ZIP	PARSIPPANY, NJ 07054-4410
TITLE	AST	4.1 TITLE	Ast. Secretary and Ast. Treasurer
NAME	TANIGUCHI, NOBUYUKI	4.2 NAME	TANIGUCHI, NOBUYUKI
STREET ADDRESS	182 TABOR RD	4.3 STREET ADDRESS	2 HILTON COURT
CITY - ST - ZIP	MORRIS PLAINS NJ 07950	4.4 CITY - ST - ZIP	PARSIPPANY, NJ 07054-4410
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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: Nobuyuki Taniguchi Nobuyuki TANIGUCHI

04/02/98 (973)359-2611

CR2E034 (10/97)