2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001328

1. Entity Name
VENTIV HEALTH U.S. SALES LLC

Principal Place of Business	Mailing Address
200 COTTONTAIL LANE VANTAGE COURT NORTH SOMERSET, NJ 08873	200 COTTONTAIL LANE VANTAGE COURT NORTH SOMERSET, NJ 08873

DO NOT WRITE IN THIS SPACE

04082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
52-2111058
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000127541
04/26/04-80003-010 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BROSHY, ERAN
STREET ADDRESS	200 COTTONTAIL LANE
CITY-ST-ZIP	SOMERSET, NJ 08873
TITLE	MGR
NAME	EMERY, JOHN
STREET ADDRESS	200 COTTONTAIL LANE
CITY-ST-ZIP	SOMERSET, NJ 08873
TITLE	MGR
NAME	HERRING, TERRELL
STREET ADDRESS	200 COTTONTAIL LANE
CITY-ST-ZIP	SOMERSET, NJ 08873
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ John Emery 4/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #