

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004101

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: CATALENT PHARMA SOLUTIONS, LLC

## Current Principal Place of Business:

14 SCHOOLHOUSE ROAD  
SOMERSET, NJ 08873

## New Principal Place of Business:

## Current Mailing Address:

14 SCHOOLHOUSE ROAD  
SOMERSET, NJ 08873

## New Mailing Address:

FEI Number: 13-4268760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CATALENT PHARMA SOLUTIONS  
Address: 14 SCHOOLHOUSE ROAD  
City-St-Zip: SOMERSET, NJ 08873

Title: CEO ( ) Delete  
Name: LOWRY, JOHN W  
Address: 14 SCHOOLHOUSE ROAD  
City-St-Zip: SOMERSET, NJ 08873

Title: VP ( ) Delete  
Name: HATTAUER, FRANCES  
Address: 14 SCHOOLHOUSE ROAD  
City-St-Zip: SOMERSET, NJ 08873

Title: TREA ( ) Delete  
Name: KARIA, TEJAL  
Address: 14 SCHOOLHOUSE ROAD  
City-St-Zip: SOMERSET, NJ 08873

Title: VP ( ) Delete  
Name: WOLFF, MARC  
Address: 14 SCHOOLHOUSE ROAD  
City-St-Zip: SOMERSET, NJ 08873

Title: SECT ( ) Delete  
Name: KHICHI, SAMRAT S  
Address: 14 SCHOOLHOUSE ROAD  
City-St-Zip: SOMERSET, NJ 08873

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CEO (X) Change ( ) Addition  
Name: CHIMINSKI, JOHN  
Address: 14 SCHOOLHOUSE ROAD  
City-St-Zip: SOMERSET, NJ 08873

Title: VP (X) Change ( ) Addition  
Name: JOSEPH, WETTENY  
Address: 14 SCHOOLHOUSE ROAD  
City-St-Zip: SOMERSET, NJ 08873

Title: VP (X) Change ( ) Addition  
Name: KARIA, TEJAL  
Address: 14 SCHOOLHOUSE ROAD  
City-St-Zip: SOMERSET, NJ 08873

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TEJAL KARIA

VP

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date