

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 09, 2009
Secretary of State

DOCUMENT# M08000004178

Entity Name: TEIJIN PHARMA USA LLC

Current Principal Place of Business:

88 ROWLAND WAY, SUITE 300
NOVATO, CA 94945

New Principal Place of Business:

Current Mailing Address:

88 ROWLAND WAY, SUITE 300
NOVATO, CA 94945

New Mailing Address:

FEI Number: 37-1566694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD, SUITE 101
TALLAHASSEE, FL 323012960 US

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: MARIA MASSE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: PCEO () Delete
Name: KELLY, PETER BRADSHAW
Address: 88 ROWLAND WAY, SUITE 300
City-St-Zip: NOVATO, CA 94945

Title: CEO (X) Change () Addition
Name: KELLY, PETER BRADSHAW
Address: 88 ROWLAND WAY, SUITE 300
City-St-Zip: NOVATO, CA 94945

Title: VP () Delete
Name: MARTIN, CHAD HEATH
Address: 88 ROWLAND WAY, SUITE 300
City-St-Zip: NOVATO, CA 94945

Title: CFO (X) Change () Addition
Name: MARTIN, CHAD HEATH
Address: 88 ROWLAND WAY, SUITE 300
City-St-Zip: NOVATO, CA 94945

Title: COO () Delete
Name: KANE, CHRIS M
Address: 88 ROWLAND WAY, SUITE 300
City-St-Zip: NOVATO, CA 94945

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

Title: CAO () Delete
Name: KOYAMA, JUN
Address: 88 ROWLAND WAY, SUITE 300
City-St-Zip: NOVATO, CA 94945

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

Title: ST () Delete
Name: IMOSE, KAZUO
Address: 88 ROWLAND WAY, SUITE 300
City-St-Zip: NOVATO, CA 94945

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: CHAD MARTIN

CFO

11/09/2009

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