

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121505

Entity Name: RANBAXY USA INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

9431 FLORIDA MINING BOULEVARD EAST
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

600 COLLEGE ROAD E.
2100
PRINCETON, NJ 08540

New Mailing Address:

FEI Number: 16-1687543 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 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KRISHNAN, VENKAT
Address: 600 COLLEGE ROAD E.
City-St-Zip: PRINCETON, NJ 08540

Title: V () Delete
Name: MEEHAN, JAMES
Address: 9431 FLORIDA MINING BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32257

Title: VTD () Delete
Name: AHLUWALIA, LALIT
Address: 600 COLLEGE RD. E
City-St-Zip: PRINCETON, NJ 08540

Title: D () Delete
Name: REILLY, JOHN P ESQ
Address: SEIDEN WAYNE, TWO PENN PLAZA
City-St-Zip: NEWARK, NJ 07105

Title: S () Delete
Name: ABOELEZZ, AHMAD T ESQ
Address: 600 COLLEGE ROAD EAST
City-St-Zip: PRINCETON, NJ 08540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: REILLY, JOHN P ESQ
Address: LECLAIR RYAN, TWO PENN PLAZA
City-St-Zip: NEWARK, NJ 07105

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AHMAD T. ABOELEZZ

S

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date