

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075573

FILED  
Jan 13, 2010  
Secretary of State

**Entity Name:** VIVIER PHARMA CORPORATION

**Current Principal Place of Business:**

30 LAWRENCE PAQUETTE INDUSTRIAL DRIVE  
CHAMPLAIN, NY 12919

**New Principal Place of Business:**

**Current Mailing Address:**

30 LAWRENCE PAQUETTE INDUSTRIAL DRIVE  
CHAMPLAIN, NY 12919

**New Mailing Address:**

FEI Number: 20-2957543

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES FOSTER SERVICE, LLC  
505 S. FLAGLER DR  
SUITE 1100  
W. PALM BEACH, FL 33401 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: PTD  
Name: VIVIER, GHISLAIN  
Address: 30 LAWRENCE PAQUETTE INDUSTRIAL DRIVE  
City-St-Zip: CHAMPLAIN, NY 12919

Title: SD  
Name: VIVIER, GHISLAIN  
Address: 30 LAWRENCE PAQUETTE INDUSTRIAL DRIVE  
City-St-Zip: CHAMPLAIN, NY 12919

I hereby 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 all other like empowered.

SIGNATURE: LOUISE LEDUC

CONT

01/13/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date