2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P05000132483

Entity Name: WATSON THERAPEUTICS, INC.

Current Principal Place of Business:

8151 PETERS RD 4TH FL
PLANTATION, FL 33324

New Principal Place of Business:

4955 ORANGE DRIVE
DAVIE, FL 33314

Current Mailing Address:

311 BONNIE CIRCLE
ATTN: SECRETARY
CORONA, CA 92880

New Mailing Address:

FEI Number: 20-3584735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	DP	( ) Delete
Name:	BISARO, PAUL M	
Address:	360 MT. KEMBLE AVENUE	
City-St-Zip:	MORRISTOWN, NJ 07960	
Title:	SVP	( ) Delete
Name:	BUCHEN, DAVID A	
Address:	311 BONNIE CIRCLE	
City-St-Zip:	CORONA, CA 92880	
Title:	SVP	( ) Delete
Name:	GIORDANO, THOMAS	
Address:	13900 NW SECOND STREET	
City-St-Zip:	SUNRISE, FL 33325	
Title:	SVP	( ) Delete
Name:	SKARA, SUSAN	
Address:	311 BONNIE CIRCLE	
City-St-Zip:	CORONA, CA 92882	
Title:	T	( ) Delete
Name:	JOYCE, R. TODD	
Address:	311 BONNIE CIRCLE	
City-St-Zip:	CORONA, CA 92880	
Title:	AS	( ) Delete
Name:	HAGADORN, BRETT	
Address:	311 BONNIE CIRCLE	
City-St-Zip:	CORONA, CA 92880	

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:	CFO	(X) Change ( ) Addition
Name:	DURAND, MARK	
Address:	360 MT KEMBLE AVENUE	
City-St-Zip:	MORRISTOWN, NJ 07960	
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 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: DAVID A. BUCHEN SVP 04/16/2009

Electronic Signature of Signing Officer or Director — Date