SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1996.
AMOUNT DUE ON OR BEFORE 8/0/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 29 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10050 (3)

1. Corporation Name
COPLEY PHARMACEUTICAL, INCORPORATED

300001528603
-06/30/95--01068--014
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
25 JOHN ROAD CANTON MA 02021	25 JOHN ROAD CANTON MA 02021

3. Date Incorporated or Qualified: 05/09/1986
3a. Date of Last Report: 07/01/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 04-2514637 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BEST WHOLESALE
203 - 58 NE 16TH PLACE
NO. MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	HIRSH, JANE	1.2 NAME		
STREET ADDRESS	25 JOHN ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	CANTON MA	1.4 CITY-ST-ZIP		
TITLE	VTS	2.1 TITLE	VT	☒ Change ☐ Addition
NAME	TANNENBAUM, STEVEN	2.2 NAME		
STREET ADDRESS	25 JOHN ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	CANTON MA	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	S	☐ Change ☒ Addition
NAME	HIRSH, MARK	3.2 NAME	GENE M. BAUER	
STREET ADDRESS	25 JOHN ROAD	3.3 STREET ADDRESS	25 JOHN ROAD	
CITY-ST-ZIP	CANTON MA	3.4 CITY-ST-ZIP	CANTON, MA 02021	
TITLE	D	4.1 TITLE	C	☒ Change ☐ Addition
NAME	LARSON, KENNETH	4.2 NAME	KENNETH N. LARSEN	
STREET ADDRESS	9 SOUTHERLAND ROAD	4.3 STREET ADDRESS	25 JOHN ROAD	
CITY-ST-ZIP	SAVANNAH GA	4.4 CITY-ST-ZIP	CANTON, MA 02021	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	DALY, ROBERT	5.2 NAME	VARIS, AGNES	
STREET ADDRESS	C/O T A ASSOCIATES	5.3 STREET ADDRESS	96 ROUTE 23	
CITY-ST-ZIP	BOSTON MA	5.4 CITY-ST-ZIP	LITTLE FALLS, NJ 07424	
TITLE	P	6.1 TITLE	P, D	☐ Change ☒ Addition
NAME	BONELLI, ANTHONY	6.2 NAME	GABRIEL CIPAU, Ph.D.	
STREET ADDRESS	25 JOHN RD.	6.3 STREET ADDRESS	25 JOHN ROAD	
CITY-ST-ZIP	CANTON MA	6.4 CITY-ST-ZIP	CANTON, MA 02021	

TG 6/29/95

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven N. Tannenbaum STEVEN N. TANNENBAUM 617-821-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0177930 FN