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FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P10050 (3)

1. Corporation Name
COPLEY PHARMACEUTICAL, INCORPORATED

Principal Place of Business

25 JOHN ROAD
CANTON MA 02021

Mailing Address

25 JOHN ROAD
CANTON MA 02021-2827



3. Date Incorporated or Qualified
05/09/1986

3a. Date of Last Report
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 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 18TH 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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------|--------|
| TITLE | D | DELETE |
| NAME | FENSTERE, JUDITH W | |
| STREET ADDRESS | 242 E 80TH ST | |
| CITY - ST - ZIP | NEW YORK NY | |
| TITLE | VT | DELETE |
| NAME | SHERRILL, BARBARA | |
| STREET ADDRESS | 25 JOHN RD | |
| CITY - ST - ZIP | CANTON MA | |
| TITLE | D | DELETE |
| NAME | SCHUELE, ALBAN W | |
| STREET ADDRESS | 9300 WARD PKWY | |
| CITY - ST - ZIP | KANSAS CITY MO | |
| TITLE | C | DELETE |
| NAME | LARSON, KENNETH | |
| STREET ADDRESS | 9 SOUTHERLAND ROAD | |
| CITY - ST - ZIP | SAVANNAH GA | |
| TITLE | D | DELETE |
| NAME | VARIS, AGNES | |
| STREET ADDRESS | 96 RT 23 | |
| CITY - ST - ZIP | LITTLE FALLS NJ | |
| TITLE | P | DELETE |
| NAME | CIPAU, GABRIEL R | |
| STREET ADDRESS | 25 JOHN RD | |
| CITY - ST - ZIP | CANTON MA | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | KEN E. STARK weather |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | S Gene BAUER |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL M. P. CARON 4/28/97 617-595-7611

Date

Daytime Phone #

CR2E034 (9/96)