

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000053994

FILED  
Jul 01, 2004  
Secretary of State

Entity Name: KOS PHARMACEUTICALS, INC.

## Current Principal Place of Business:

1001 BRICKELL BAY DR  
25TH FLOOR  
MIAMI, FL 33131 US

## New Principal Place of Business:

## Current Mailing Address:

%HOLLAND & KNIGHT LLP  
701 BRICKELL AVE., STE. 3000  
MIAMI, FL 33131

## New Mailing Address:

FEI Number: 65-0670898      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE.  
STE. #3000  
MIAMI, FL 33131 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: PCEO ( ) Delete  
Name: ADAMS, ADRIAN  
Address: 1001 BRICKELL BAY DRIVE, 25TH FLOOR  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: NOVITCH, MARK  
Address: 3558 ALBEMARIE STREET, NW  
City-St-Zip: WASHINGTON, DC 20008

Title: D ( ) Delete  
Name: JAHARIS, STEVEN  
Address: 2800 LAKE SHORE DR., #2316  
City-St-Zip: CHICAGO, IL 60657

Title: D ( ) Delete  
Name: WHITEMORE, FREDERICK B  
Address: 1251 AVE OF THE AMERICAS, 23FL  
City-St-Zip: NEW YORK, NY 10020

Title: D ( ) Delete  
Name: BRADEMAS, JOHN  
Address: 53 WASHINGTON SQ S 3RD FL  
City-St-Zip: NEW YORK, NY 100121098

Title: D (X) Delete  
Name: LASAGNA, LOUIS C  
Address: 3538 ALBEMARLE ST, NW  
City-St-Zip: BOSTON, MA 20008

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

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 for the exemption stated in Section 119.07(3)(i), 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: ADRIAN ADAMS

PCEO

07/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date