


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90056 011 \*\*\*150.00

<b>DOCUMENT # P96000053994</b>					
<b>1. Entity Name</b> KOS PHARMACEUTICALS, INC.					
<b>Principal Place of Business</b> 2200 NORTH COMMERCE PARKWAY SUITE 300 WESTON, FL 33326 US			<b>Mailing Address</b> ATTN: ACCOUNTS PAYABLE DEPT. 2100 NORTH COMMERCE PARKWAY WESTON, FL 33326		
<b>2. Principal Place of Business - No P.O. Box #</b> 100 Abbott Park Road		<b>3. Mailing Address</b> 100 Abbott Park Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Tax Diviasion</b>			
<b>City &amp; State</b> Abbott Park IL		<b>City &amp; State</b> Abbott Park IL			
<b>Zip</b> 60064		<b>Country</b> USA		<b>4. FEI Number</b> 65-0670898	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PCEO	<b>NAME</b> ADAMS, ADRIAN		<b>TITLE</b> President & Director	<b>NAME</b> Thomas C Freyman	
<b>STREET ADDRESS</b> 2200 NORTH COMMERCE PARKWAY, SUITE 300	<b>CITY-ST-ZIP</b> WESTON, FL 33326		<b>STREET ADDRESS</b> 100 Abbott Park Road	<b>CITY-ST-ZIP</b> Abbott Park IL 60064	
<b>TITLE</b> D	<b>NAME</b> NOVITCH, MARK		<b>TITLE</b> Vice President	<b>NAME</b> AJ Shoultz	
<b>STREET ADDRESS</b> 3558 ALBEMARIE STREET, NW	<b>CITY-ST-ZIP</b> WASHINGTON, DC 20008		<b>STREET ADDRESS</b> 100 Abbott Park Road	<b>CITY-ST-ZIP</b> Abbott Park IL 60064	
<b>TITLE</b> D	<b>NAME</b> JAHARIS, STEVEN		<b>TITLE</b> Assistant Secretary	<b>NAME</b> Thomas L Nolan	
<b>STREET ADDRESS</b> 2800 LAKE SHORE DR., #2316	<b>CITY-ST-ZIP</b> CHICAGO, IL 60657		<b>STREET ADDRESS</b> 100 Abbott Park Road	<b>CITY-ST-ZIP</b> Abbott Park IL 60064	
<b>TITLE</b> D	<b>NAME</b> WHITTEMORE, FREDERICK B		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 1251 AVE OF THE AMERICAS, 23FL	<b>CITY-ST-ZIP</b> NEW YORK, NY 10020		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> BRADEMAS, JOHN		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 53 WASHINGTON SQ S 3RD FL	<b>CITY-ST-ZIP</b> NEW YORK, NY 100121098		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> PRUITT, WILLIAM D		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 274 VELEROS COURT	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33143		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Thomas Nolan</u> <span style="float: right;">4/7/2008</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Daytime Phone #</span>					