

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003988

Entity Name: MISSION PHARMACAL COMPANY**Current Principal Place of Business:**38505 IH 10 WEST
BOERNE, TX 78006**Current Mailing Address:**PO BOX 786099
SAN ANTONIO, TX 78278**FEI Number:** 74-1041775**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title CD
Name WALSDORF, NEILL B
Address 11111 DREAMLAND
City-State-Zip: SAN ANTONIO TX 78230

Title PD
Name WALSDORF, NEILL BJR
Address PO BOX 786099
City-State-Zip: SAN ANTONIO TX 78278

Title VPD
Name WALSDORF, JAMES K
Address 1246 E BITTERS RD
City-State-Zip: SAN ANTONION TX 78216

Title TD
Name WALSDORF, BEVERLY A
Address 11111 DREAMLAND
City-State-Zip: SAN ANTONIO TX 78230

Title SD
Name YOUNGBLOOD, BENJAMIN III
Address 8207 CALLAGHAN RD #100
City-State-Zip: SAN ANTONIO TX 78230

Title ASD
Name DOOLEY, THOMAS J
Address 2002 VIA VINEDA
City-State-Zip: SAN ANTONIO TX 78258

I hereby 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 all other like empowered.

SIGNATURE: THOMAS J. DOOLEY**CHIEF FINANCIAL
OFFICER****01/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date