

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000001247

Entity Name: PAR PHARMACEUTICAL, INC.**Current Principal Place of Business:**6 RAM RIDGE ROAD
CHESTNUT RIDGE , NY 10977**Current Mailing Address:**6 RAM RIDGE ROAD
CHESTNUT RIDGE , NY 10977 US**FEI Number:** 22-2228342**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 PRESIDENT AND DIRECTOR
Name CAMPANELLI, PAUL V.
Address 6 RAM RIDGE ROAD
City-State-Zip: CHESTNUT RIDGE NY 10977

Title SECRETARY
Name MALETTA, MATTHEW J.
Address 6 RAM RIDGE ROAD
City-State-Zip: CHESTNUT RIDGE NY 10977

Title TREASURER
Name WALLACE, KAREN A.
Address 6 RAM RIDGE ROAD
City-State-Zip: CHESTNUT RIDGE NY 10977

Title ASSISTANT SECRETARY
Name VOSS, DEANNA
Address 6 RAM RIDGE ROAD
City-State-Zip: CHESTNUT RIDGE NY 10977

Title DIRECTOR
Name UPADHYAY, SUKETU P.
Address 6 RAM RIDGE ROAD
City-State-Zip: CHESTNUT RIDGE NY 10977

Title DIRECTOR
Name DE SILVA, RAJIV
Address 6 RAM RIDGE ROAD
City-State-Zip: CHESTNUT RIDGE NY 10977

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: DEANNA VOSS**ASSISTANT SECRETARY 04/05/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date