

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000001247

Entity Name: PAR PHARMACEUTICAL, INC.**Current Principal Place of Business:**ONE RAM RIDGE ROAD
SPRING VALLEY, NY 10977**Current Mailing Address:**ONE RAM RIDGE ROAD
SPRING VALLEY, NY 10977**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 DCEO
Name CAMPANELLI, PAUL
Address ONE RAM RIDGE ROAD
City-State-Zip: SPRING VALLEY NY 10977

Title CHIEF ADMINISTRATIVE OFFICER,
GENERAL COUNSEL, DIRECTOR
Name HAUGHEY, THOMAS
Address ONE RAM RIDGE ROAD
City-State-Zip: SPRING VALLEY NY 10977

Title EVP
Name TROPIANO, MICHAEL A
Address ONE RAM RIDGE ROAD
City-State-Zip: SPRING VALLEY NY 10977

Title DCFO
Name TROPIANO, MICHAEL A
Address ONE RAM RIDGE ROAD
City-State-Zip: SPRING VALLEY NY 10977

Title S
Name GILMAN, BARRY J
Address ONE RAM RIDGE ROAD
City-State-Zip: SPRING VALLEY 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: BARRY J. GILMAN**SECRETARY****02/12/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date