

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001037

FILED
Feb 25, 2009
Secretary of State

Entity Name: OCTAPHARMA USA, INC.

Current Principal Place of Business:

WATERFRONT CORPORATE CENTER
121 RIVER STREET, 12TH, FLOOR
HOBOKEN, NJ 07030

New Principal Place of Business:

121 RIVER STREET
SUITE 1201
HOBOKEN, NJ 07030

Current Mailing Address:

WATERFRONT CORPORATE CENTER
121 RIVER STREET, 12TH, FLOOR
HOBOKEN, NJ 07030

New Mailing Address:

121 RIVER STREET
SUITE 1201
HOBOKEN, NJ 07030

FEI Number: 75-3113527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P () Delete
Name: WOLFGANG, MARGUERRE
Address: SEIDENSTRASSE 2
City-St-Zip: CH-8853 LACHEN, SWITZERLAND, OC

Title: T () Delete
Name: CLAUSEN, KARL E
Address: OCTAPHARMA AG, SIEDENSTRASSE 2
City-St-Zip: CH-8853 LACHEN, SWITZERLAND, OC

Title: D () Delete
Name: BJORNSTRUP, KIM
Address: SEIDENSTRASSE 2
City-St-Zip: CH-8853 LACHEN, SWITZERLAND, OC

Title: SD (X) Delete
Name: NIELSEN, FLEMMING
Address: 5885 TRINITY PARWAY STE 350
City-St-Zip: CENTERVILLE, VA 20120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SDP (X) Change () Addition
Name: NIELSEN, FLEMMING
Address: 121 RIVER STREET, SUITE 1201
City-St-Zip: HOBOKEN, NY 07030

Title: T (X) Change () Addition
Name: CLAUSEN, KARL E
Address: SIEDENSTRASSE 2
City-St-Zip: CH-8853 LACHEN, SWITZERLAND, NA OC

Title: D (X) Change () Addition
Name: BJORNSTRUP, KIM
Address: SEIDENSTRASSE 2
City-St-Zip: CH-8853 LACHEN, SWITZERLAND, NA OC

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FLEMMING NIELSEN

SDP

02/25/2009

Electronic Signature of Signing Officer or Director

_____ Date