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Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000003090 (4)**

1. Corporation Name
SANKYO PHARMA INC

Principal Place of Business	Mailing Address
182 TABOR RD MORRIS PLAINS NJ 07950	182 TABOR RD MORRIS PLAINS NJ 07950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1997

2. Principal Place of Business	2a. Mailing Address
21 2 HILTON COURT	26 2 HILTON COURT
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: PARSIPPANY, NJ	28 City & State: PARSIPPANY, NJ
24 Zip: 07054-4410 25 Country: U.S.A.	29 Zip: 07054-4410 30 Country: U.S.A.

4. FEI Number: 13-3914479 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	Chairman of the Board	☑ Change ☐ Addition
NAME	KAWABE, SUSUME		1.2 NAME	KAWABE, SUSUMU	
STREET ADDRESS	182 TABOR RD		1.3 STREET ADDRESS	2 HILTON COURT	
CITY-ST-ZIP	MORRIS PLAINS NJ 07950		1.4 CITY-ST-ZIP	PARSIPPANY NJ 07054-4410	
TITLE	PT	☐ DELETE	2.1 TITLE	President and Treasurer	☑ Change ☐ Addition
NAME	CHIBA, TAKASHI		2.2 NAME	CHIBA, TAKASHI	
STREET ADDRESS	182 TABOR RD		2.3 STREET ADDRESS	2 HILTON COURT	
CITY-ST-ZIP	MORRIS PLAINS NJ 07950		2.4 CITY-ST-ZIP	PARSIPPANY, NJ 07054-4410	
TITLE	ST	☐ DELETE	3.1 TITLE	Secretary	☑ Change ☐ Addition
NAME	ISHIDA, NORIAKI		3.2 NAME	ISHIDA, NORIAKI	
STREET ADDRESS	182 TABOR RD		3.3 STREET ADDRESS	2 HILTON COURT	
CITY-ST-ZIP	MORRIS PLAINS NJ 07950		3.4 CITY-ST-ZIP	PARSIPPANY, NJ 07054-4410	
TITLE	AST	☐ DELETE	4.1 TITLE	Ast. Secretary and Ast. Treasurer	☑ Change ☐ Addition
NAME	TANIGUCHI, NOBUYUKI		4.2 NAME	TANIGUCHI, NOBUYUKI	
STREET ADDRESS	182 TABOR RD		4.3 STREET ADDRESS	2 HILTON COURT	
CITY-ST-ZIP	MORRIS PLAINS NJ 07950		4.4 CITY-ST-ZIP	PARSIPPANY, NJ 07054-4410	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Nobuyuki Taniguchi Nobuyuki TANIGUCHI 04/02/98 (973)359-2611