

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003090

Entity Name: DAIICHI SANKYO, INC.**Current Principal Place of Business:**TWO HILTON CT
PARSIPPANY, NJ 07054**Current Mailing Address:**TWO HILTON CT
PARSIPPANY, NJ 07054 US**FEI Number:** 13-3914479**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
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
Name GORMLEY, GLENN
Address TWO HILTON CT
City-State-Zip: PARSIPPANY NJ 07054

Title SEC
Name BLEIFER, CRAIG
Address TWO HILTON COURT
City-State-Zip: PARSIPPANY NJ 07054

Title ASST
Name BARBIERI, PATRICIA A
Address TWO HILTON CT
City-State-Zip: PARSIPPANY NJ 07054

Title DIR
Name GORMLEY, GLENN
Address TWO HILTON CT
City-State-Zip: PARSIPPANY NJ 07054

Title DIR
Name PIERONI, JOSPEH
Address 2 HILTON COURT
City-State-Zip: PARSIPPANY NJ 07054

Title TREASURER
Name CLARKE, SANDRA
Address TWO HILTON CT
City-State-Zip: PARSIPPANY NJ 07054

Title DIRECTOR
Name KELLER, JOSEPH K
Address TWO HILTON CT
City-State-Zip: PARSIPPANY NJ 07054

Title DIRECTOR
Name VAN DUYNE, RICHARD
Address TWO HILTON CT
City-State-Zip: PARSIPPANY NJ 07054

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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: PATRICIA A. BARBIERI**ASSISTANT SECRETARY 06/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SAI, TOSHIAKI
Address	3-5-1 NIHONBASHI HONCHO
City-State-Zip:	CHUO-KU TOKYO 1038426