


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90015 041 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000003090					
1. Corporation Name SANKYO PHARMA INC					
Principal Place of Business 2 HILTON COURT PARSIPPANY NJ 07054-410 US			Mailing Address 2H ILTON COURT PARSIPPANY NJ 07054-410 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/13/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 13-3914479	
City & State 22		City & State 27		Applied For Not Applicable	
Zip 23		Zip 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 24		Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324			10. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
TITLE	CD <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	KAWABE, SUSUME	1.1 TITLE	VICE CHAIRMAN OF THE BOARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	2 HILTON COURT	1.2 NAME	HIROYOSHI HORIKOSHI		
CITY-ST-ZIP	PARSIPPANY NJ 07054-4410	1.3 STREET ADDRESS	2 HILTON COURT		
		1.4 CITY-ST-ZIP	PARSIPPANY NJ 07054-4410		
TITLE	PT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHIBA, TAKASHI	2.2 NAME			
STREET ADDRESS	2 HILTON COURT	2.3 STREET ADDRESS			
CITY-ST-ZIP	PARSIPPANY NJ 07054-4410	2.4 CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ISHIDA, NORIAKI	3.2 NAME			
STREET ADDRESS	21 HILTON COURT	3.3 STREET ADDRESS			
CITY-ST-ZIP	PARSIPPANY NJ 07054-4410	3.4 CITY-ST-ZIP			
TITLE	AST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TANGUCHI, NOBUYUKI	4.2 NAME			
STREET ADDRESS	2 HILTON COURT	4.3 STREET ADDRESS			
CITY-ST-ZIP	PARSIPPANY NJ 07054-4410	4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:

S. Nobuyuki Tanguchi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/99 (973) 359-2611
Date Daytime Phone #

CR2E034 (11/98)