



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | |
|--|----------------|---|----------------------|---------------------|
| 1. Corporate ID No. 115585 | | 2. Name of Corporation Takeda Pharmaceuticals America, Inc. | | |
| 3. Street Address Principal Business Office 475 HALF DAY ROAD | | City LINCOLNSHIRE | State IL | Zip 60069 |
| 4. Business Phone No. (847) 383-7394 | | 5. State of Incorporation DELAWARE | | 6. SIC Code 8888 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island SALES AND DISTRIBUTION OF PRESCRIPTION PHARMACEUTICALS | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name MARK BOOTH | | Vice President Name NOBUYA OKA | | |
| Street Address 475 HALF DAY ROAD | | Street Address 475 HALF DAY ROAD | | |
| City LINCOLNSHIRE | State IL | Zip 60069 | City LINCOLNSHIRE | State IL |
| Secretary Name MARLENE DUBAS | | Treasurer Name CURTIS RHINE | | |
| Street Address 475 HALF DAY ROAD | | Street Address 475 HALF DAY ROAD | | |
| City LINCOLNSHIRE | State IL | Zip 60069 | City LINCOLNSHIRE | State IL |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name SABURO HAMANAKA | | Director Name MARK BOOTH | | |
| Street Address 1-1 DOSHOMACHI 4-CHOME, CHUO-KU | | Street Address 475 HALF DAY ROAD | | |
| City OSAKA | State JAPAN | Zip 540-8645 | City LINCOLNSHIRE | State IL |
| Director Name NOBUYA OKA | | Director Name NONE | | |
| Street Address 475 HALF DAY ROAD | | Street Address | | |
| City LINCOLNSHIRE | State IL | Zip 60069 | City | State |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series |
| 100 COMM SO. C. PAR VALUE | | | 100 | COMMON |
| | | | | \$ 0.01 |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



115585

| | |
|---------------------------------|---------|
| File Date | 1-21-05 |
| Check No | 76833 |
| By | |
| FOR SECRETARY OF STATE USE ONLY | |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer
CURTIS RHINE
Print or Type Name of Officer
TREASURER
Title of Officer
1/11/05
Date

TAKEDA PHARMACEUTICALS AMERICA, INC. FEIN: 36-4394197
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005
CORPORATE ID No. 115585
LIST OF ADDITIONAL OFFICERS

| NAME | TITLE | BUSINESS ADDRESS |
|------|-------|------------------|
|------|-------|------------------|

Officers:

| | | |
|-----------------|---------------------|---|
| Carmela Zammuto | Assistant Secretary | 475 Half Day Road Lincolnshire, IL 60069 |
|-----------------|---------------------|---|



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | |
|---|--------------|--|----------------------|---------------------|
| 1. Corporate ID No. 115585 | | 2. Name of Corporation Takeda Pharmaceuticals America, Inc. | | |
| 3. Street Address Principal Business Office 475 HALF DAY ROAD, SUITE 500 | | City LINCOLNSHIRE | State IL | Zip 60069 |
| 4. Business Phone No. (847) 383-3000 | | 5. State of Incorporation DELAWARE | | 6. SIC Code 9888 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island SALES AND DISTRIBUTION OF PRESCRIPTION PHARMACEUTICALS | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name MARK BOOTH | | Vice President Name NOBUYA OKA | | |
| Street Address 475 HALF DAY ROAD | | Street Address 475 HALF DAY ROAD | | |
| City LINCOLNSHIRE | State IL | Zip 60069 | City LINCOLNSHIRE | State IL |
| Secretary Name MARLENE DUBAS | | Treasurer Name CURTIS RHINE | | |
| Street Address 475 HALF DAY ROAD | | Street Address 475 HALF DAY ROAD | | |
| City LINCOLNSHIRE | State IL | Zip 60069 | City LINCOLNSHIRE | State IL |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name SABURO HAMANAKA | | Director Name MARK BOOTH | | |
| Street Address 475 HALF DAY ROAD | | Street Address 475 HALF DAY ROAD | | |
| City LINCOLNSHIRE | State IL | Zip 60069 | City LINCOLNSHIRE | State IL |
| Director Name NOBUYA OKA | | Director Name NONE | | |
| Street Address 475 HALF DAY ROAD | | Street Address | | |
| City LINCOLNSHIRE | State IL | Zip 60069 | City | State |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| AUTHORIZED SHARES | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series |
| 100 COMM \$0.01 PAR VALUE | | | 100 | COMMON |
| | | | | \$0.01 |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 5 5 8 5 *

| | |
|---------------------------------|---------|
| File Date | 2-27-04 |
| Check No. | 01165 |
| By: | ICP |
| FOR SECRETARY OF STATE USE ONLY | |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

| | |
|--------------------------|-----------------|
| Signature of Officer | Date 2/26/04 |
| CURTIS RHINE | |
| Treasurer | |
| Title of Officer | |



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

115585

2. Name of Corporation

Takeda Pharmaceuticals America, Inc.

3. Street Address Principal Business Office

475 Half Day Road, Suite 500

City

Lincolnshire

State

IL

Zip

60069

4. Business Phone No

(847) 383-3000

5. State of Incorporation

DELAWARE

6. SIC Code

8888

7. Brief Description of the Character of Business Conducted in Rhode Island

Sales & distribution of prescription pharmaceuticals

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Mark Booth

Street Address

1091 Lawrence Avenue

City

Lake Forest

State

IL

Zip

60045

Vice President Name

Nobuya Oka

Street Address

386 Bay Tree Court

City

Vernon Hills

State

IL

Zip

60061

Secretary Name

Marlene Dubas

Street Address

2515 Stonebridge Lane

City

Northbrook

State

IL

Zip

60062

Treasurer Name

Curtis Rhine

Street Address

20 Sandpiper Lane

City

Lake Forest

State

IL

Zip

60045

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Saburo Hamanaka

Street Address

1-1, Doshomachi 4-Chrome

City

Chuo-ku, Osaka 540-8645 Japan

State

Zip

Director Name

Yoshihiro Narai

Street Address

1-1, Doshomachi 4-Chrome

City

Chuo-ku, Osaka 540-8645 Japan

State

Zip

Director Name

Nobuya Oka

Street Address

386 Bay Tree Court

City

Vernon Hills

State

IL

Zip

60061

Street Address

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 COMM \$0.01 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 5 5 8 5 *

File Date: 2/24/03

Check No: 0000043016

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/19/03
Signature of Officer Date

Curtis Rhine
Print or Type Name of Officer

Treasurer
Title of Officer

5

Form 650 12/02

TAKEDA PHARMACEUTICALS AMERICA, INC.
FEIN 36-4394197
LIST OF OFFICERS AS OF 09/01/2002

| NAME | TITLE | HOME ADDRESS |
|--------------------------|--------------------------|--|
| <i>Officers:</i> | | |
| Mark Booth | President | 1091 Lawrence Avenue Lake Forest, IL 60045 |
| Nobuya Oka | Executive Vice President | 386 Bay Tree Court Vernon Hills, IL 60061 |
| Curtis Rhine | Treasurer | 20 Sandpiper Lane Lake Forest, IL 60045 |
| Marlene Dubas | Secretary | 2515 Stonebridge Lane Northbrook, IL 60062 |
| Yasushi Kojima | Assistant Secretary | 387 Town Place Circle Buffalo Grove, IL 60089 |
| <i>Directors:</i> | | |
| Saburo Hamanaka | | 1-1, Doshomachi 4-Chome Chuo-ku, Osaka 540-8645 Japan |
| Yoshihiro Narai | | 1-1, Doshomachi 4-Chome Chuo-ku, Osaka 540-8645 Japan |
| Nobuya Oka | | 386 Bay Tree Court Vernon Hills, IL 60061 |



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

115585

2. Name of Corporation

Takeda Pharmaceuticals America, Inc.

3. Street Address Principal Business Office

475 Half Day Road, Suite 500

City

Lincolnshire

State

IL

Zip

60069

4. Business Phone No.

847/383-3000

5. State of Incorporation

DELAWARE

6. SIC Code

8888

7. Brief Description of the Character of Business Conducted in Rhode Island

Sales & distribution of prescription pharmaceuticals

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Saburo Hamanaka

Vice President Name

Mark Booth

Street Address

1240 Johnson Drive #2223

Street Address

475 Half Day Road, Suite 500

City

Buffalo Grove

State

IL

Zip

60059

City

Lincolnshire

State

IL

Zip

60069

Secretary Name

Marlene Dubas

Treasurer Name

Curtis Rhine

Street Address

2515 Stonebridge Lane

Street Address

20 Sandpiper Lane

City

Northbrook

State

IL

Zip

60062

City

Lake Forest

State

IL

Zip

60045

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Saburo Hamanaka

Director Name

Street Address

1240 Johnson Drive #2223

Street Address

City

Buffalo Grove

State

IL

Zip

60059

City

State

Zip

Director Name

Yoshihiro Narai

Director Name

Street Address

1-1, Doshomachi 4-Chome

Street Address

City

Chuo-Ku Osaka

State

540-8645

Zip

Japan

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 COMM \$0.01 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 5 5 8 5 *

File Date: 2/4/02

Check No.: 000007872

By: RS

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Curtis Rhine

Print or Type Name of Officer

Treasurer

Title of Officer

Date

1/28/02

TAKEDA PHARMACEUTICALS AMERICA, INC. - FEIN# 36-4394197
RHODE ISLAND ID# - 115585
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
ADDITIONAL LIST OF OFFICERS

| NAME | TITLE | HOME ADDRESS |
|------------------|---------------------|--|
| <i>Officers:</i> | | |
| Yasushi Kojima | Assistant Secretary | 387 Town Place Circle Buffalo Grove, IL 60089 |



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations
100 North Main Street, Providence, RI 02903
401-274-2000



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **115585** 2. Name of Corporation **Takeda Pharmaceuticals America Sales Co.**

3. Street Address Principal Business Office **475 Half Day Road, Suite 500** City **Lincolnshire** State **IL** Zip **60069**
4. Business Phone No. **847/383-3000** 5. State of Incorporation **DELAWARE** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island

Sales & distribution of prescription pharmaceuticals

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **X** FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Alan Mackenzie

Street Address

27068 Wellington Court

City **Barrington** State **IL** Zip **60010**

Secretary Name

Marlene Dubas

Street Address

2515 Stonebridge Lane

City **Northbrook** State **IL** Zip **60062**

Vice President Name

Street Address

City

State

Zip

Treasurer Name

Curtis Rhine

Street Address

1125 Heather Road

City **Deerfield** State **IL** Zip **60015**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **X** FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Saburo Hamanaka

Street Address

1-1 Doshomachi 4-Chome Chuo-Ku

City **Osaka** State **Japan** Zip **5408645**

Director Name

Alan Mackenzie

Street Address

27068 Wellington Court

City **Barrington** State **IL** Zip **60015**

Director Name

Yasuchika Hasegawa

Street Address

A-1405, 6-14-18 Nitaka Yodogawanku

City **Osaka** State **Japan**

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 COMM \$0.01 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 Common \$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 5 5 8 5 *

File Date: **5-17-01**

Check No.: **15676**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] **2/28/01**
Signature of Officer Date

Curtis Rhine
Print or Type Name of Officer

Treasurer
Title of Officer