

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 (FORM MUST BE TYPED OR PI		Fee: \$50.00		2000	
1 Corporate (D No	2 Name of Corporation				
115585	Takeda Pharma	ceuticals America, Inc.	-		
3 Street Address Principal Busine 475 HALF DF			CII, LINCOLNSHIRE	State L1-	71p 60069
4 Business Phone No. (847) 383-7.	-	5 State of Incorporation DELAWARE		1,,	6 SH, Gale 8888
7. Brief Description of the Charact	er of Business Conducted in K	hode Island ON PHARMACEUTICAL			1 0000
8. NAMES AND ADDRESS			,	CES BEFORE USING A	TTACHMENTS
President Name			: Vice Prisident Name	LES BEFORE USING A	TIACHPIENTS
MARK BOOTH	·		NOBUYA OK	.A	
Street Address 475 HALF DA	TY ROAD		Street Address 475 HALF	DAY ROAD	
475 HALF DA LINCOLNSHIRE	E State IL	60069	Siren Address 475 HALF City LINCOLN SHIRE	State IL	60069
MARLENE D	UBAS		Treasurer Name CURTIS RA	HINE	
Street Address			Street Address:		
475 HALF D CONV LINCOLNSHIRE	State IL	60069	475 HALF Cuy LINCOLNSHIRE	State I L	60069
9. NAMES AND ADDRESS	ES OF THE DIRECTOR	S: ("X" BOX FOR ATT		I ACES BEFORE USING	•
Ductor Name 5ABURO HA	MANAKA		Director Name MARIC BOOT	Ч	
Street Address 1-1 DOSHOMA	CHI 4-CHOM	= , CHUO-KU	Steam Address		
	State JAPAN	540-8645	LINCOLISHIRE	State IL	^{Zip} 60069
Director Name NOBU.VA (OKA		Director Name NONE		
NOBUYA (Street Address 475 HALF COLD	DAY ROAD		Street Address		,
COUNTY LINCOLN SHIR	E TL	60069	City	State	Zιp
10. SHARES AUTHORIZED			: 11. SHARES ISSUED ("X"	 Rox for attachm	 FNT)
AUTHORIZED SHARES			ISSUED SHARES	DON TOWNTHALITME	LM1) _
Number of Shares	Class Series	Par Value	Number of Shares	Glass/Series	Par Vaine
-100 COMM SO (* PAR VA			100	COMMON	\$ 0.01
This report must b	e signed in ink by cithe	r the President, Vice Pr	esident, Secretary, Assistant Se	ecretary, Treasurer, Re	ceiver or Trustee
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]	contained herein are thus		ients, and that all statement
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Charles 7602	F33		Signature of Officer		Date
Check No	· · · · · · · · · · · · · · · · · · ·		CURTIS R		
By:	<u> </u>		Print or Type Name of Offic TREASURO		
FOR SECRETARY OF	STATE USE ONLY		Title of Officer		

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____

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Treasurer, Reco	viver or Trustee

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 115585 Takeda Pharmaceuticals America, Inc. 3 Street Address Principal Business Office NCOLNSHIRE 5. State of Incorporation DELAWARE 7. Hrief 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) ☐ FILL IN SPACES BEFO President Name Vice President Name ARK Nobuya Street Address Street Address INCOLNS HIRE 60069 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BE SABURO HAMANAKA MARK Street Address Cin 60069 NoBuya JONE Since Address Sirect Address DAY City State 60069 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FO AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Ser ('or 100 COMM \$0.01 PAR VALUE 100

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary,

File Date FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm to including any accompanying schedules and statement the final period of the final period.	•
COKRE	2/20/04
lignature of Officer	Date
CURTIS RHINE	
Print or Type Name of Officer	
TREASURER	
Title of Officer	

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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2 Name of Corporation

115585

Takeda Pharmaceuticals America, Inc.

3. Street Address Principal Business Office

Lincolnshire

8888

DELAWARE

aistribution Diescription 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) XFILL IN SPACES BEFORE

Mark Booth

Dubas

onebridae

Nobuua Tree Court 6006 1

rashiruro

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Hamanaka 5abw0

740-KU, DSaka 540-86

Nobuua

100 COMM \$0.01 PAR VALUE

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

State

Zip

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

ISSUED SHARES

Street Address

Number of Shares

Class/Series

Par Value

Jashomachi 4-Chrome

ku, Dsaka 1540-8645 Japan

40.01

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



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

litle of Officer

- S

Torm 630 12/02

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

NAME	TITLE	HOME ADDRESS
Officers: 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



Edward S. Inman, 111. Secretary of State Corporations Division 100 North Main Street. Providence. RI 02903-1335 401-222-3040

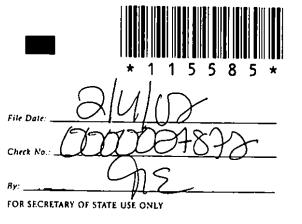
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002



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

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1. Corporate ID No.	2. Name of Corporation				<u></u>
115585	Takeda Pharma	iceuticals America, Inc.			
3. Street Address Principal Busines: 475 Half Day 4. Business Phone No.	Road, Suite	5. State of Incorporation	Lincolnshire	State TL	21p 6. SIC Code
847/383- <i>3</i> 00 Brief Description of the Characte	O St Of Business Conducted in the	DELAWARE			8888
Sales & distri	bution of pr	rescription of	harmaceuticals		
8. NAMES AND ADDRES	SSES OF THE OFFICE	RS ("X" BOX FOR ATTACH	IMENT) XFILL IN SPACES BEF	ORE USING ATTACHA	1ENTS
Saburo Hamana	_		Vice President Name Hark Booth		
sireei Addiess 1240 John Sor City	n Drive #:		Street Address 475 Half Day	Road, Suit	e 500
Buffalo Grove Secretary Name	IL.	60059	Lincolnshire Treasurer Name	State TL	60069
Marlene Dube			Curtis Rhine		
2515 Stonebri	idge Lane		20 Sandplper	Lane	
North brook	Stole IL	60062	Lake Forest	State IL	7.1p 60045
9. NAMES AND ADDRES	SES OF THE DIRECT	ORS ("X" BOX FOR ATTA		EFORE USING ATTACI	IMENTS
Saburo Hamar	naka		Director Name		
illell Addiess 1240 Johnson	Drive #2	-223	Street Address		
Buffalo Grove	State IL	60059	City	State	Zip
Yoshihiro R	orai		Director Name		
1-1, Doshomacl	hi 4-Chom	e	Street Address		
Chuo-Ku Osaka	a 540-8645	Japan	City	State	Zip
O. SHARES AUTHORIZE	D (*X* BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*X* B ISSUED STARES	OX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM \$0.01 PAR VA	LUE		100	Common	\$0.01

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



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

Signature of Officer

Curtis Rhine

Print or Type Name of Officer

Title of Officer

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
Officers: Yasushi Kojima	Assistant Secretary	387 Town Place Circle Buffalo Grove, IL 60089



(FORM MUST BE TYPED IN BLACK)

Corporation 100 North Main Street, Providence, RI 02



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filling Period: January 1-March 1 • Filling Fee: \$50.00

1. Corporate ID No. 115585	2. Name of Corporation Takeda Pha	m rmaceuticals A	merica Sales Co.		
3. Street Addiess Principal Business 475 Half D 4. Business Phone No. 847/383-	bay Koad, 1 3000	5. State of incorporation DELAVARE	Lincolnshir	e IL	21p 600 6 9 6. SIC Code 8888
i resident (vame	ibution o ses of the offic	F prescript ERS ("X" BOX FOR ATTAC	CHMENT) XFILL IN SPACES Vice President Name	OHICALS BEFORE USING ATTAC	HMENTS
Alan Mackenz 27068 Welling	ton Court	-	Street Address		
27068 Welling Barrington Secretary Name Macleys a Note	IL S	60010	Treasurer Name Curtis Rhiv	State	ZIp
Marlene Duk Sieer Addiess 2515 Stonebr Northbrook		, Zip	sueer Address 1125 Heath		
Northbrook 9. NAMES AND ADDRESS Director Name	エし SES OF THE DIREC	60062 TORS (*X* BOX FOR ATT	Selv field ACHMENT) XFILL IN SPACE Director Name	"IL	LCHMENTS
Saburo Hamai Succi Addiess 1-1 Noshamaa		man Aluka Kis	Yasuchika	Hasegawa	Lin Valaria de
city Osaka Director Name Alan MaKen	•	5408645	A-1405, 6- OSaka Director Name	19-18 Niital Japan	la todogawank zip
27068 Wellir	^	1+	Street Address City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSURED SHARE'S Number of Shares

Par Value

Number of Shares

Zip

100

Common

\$0.01

100 COMM \$0.01 PAR VALUE

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



Class/Series

File Date:	5-17-01
Check No.:	15676
By:	Y 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 spacements conjoined herein are true and correct.