

1.) CORPORATION NAME:

King Pharmaceuticals Research and Development, Inc.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1626771**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: Suite 300, 4000 Centregreen Way

CITY/ST/ZIP: Cary, NC 27513

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: Matthew Lepore TITLE: PRESIDENT ADDRESS: Suite 300, 4000 Centregreen Way CITY/ST/ZIP/CO: Cary, NC 27513	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Stephane Drouin TITLE: VICE PRESIDENT ADDRESS: Suite 300, 4000 Centregreen Way CITY/ST/ZIP/CO: Cary, NC 27513	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Brian McMahon TITLE: TREASURER ADDRESS: Suite 300, 4000 Centregreen Way CITY/ST/ZIP/CO: Cary, NC 27513	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Susan Courson-Smith TITLE: ASST SECRETARY ADDRESS: Suite 300, 4000 Centregreen Way CITY/ST/ZIP/CO: Cary, NC 27513	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Susan Grant TITLE: SECRETARY ADDRESS: Suite 300, 4000 Centregreen Way CITY/ST/ZIP/CO: Cary, NC 27513	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Douglas E. Giordano TITLE: DIRECTOR ADDRESS: Suite 300, 4000 Centregreen Way CITY/ST/ZIP/CO: Cary, NC 27513	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bryan A. Supran DIRECTOR Suite 300, 4000 Centregreen Way Cary, NC 27513	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Susan Courson-Smith	Susan Courson-Smith, ASST SECRETARY	4/26/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.