

1.) CORPORATION NAME:

Sunovion Pharmaceuticals 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: **F1667726**

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: 84 WATERFORD DR

CITY/ST/ZIP: MARLBOROUGH, MA 01752

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:	MAKATO HARA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	84 WATERFORD DRIVE		
CITY/ST/ZIP/CO:	MARLBOROUGH, MA 01752		

NAME:	HIROSHI NOGUCHI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	84 WATERFORD DRIVE		
CITY/ST/ZIP/CO:	MARLBOROUGH, MA 01752		

NAME:	HIROSHI NOMURA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	84 WATERFORD DRIVE		
CITY/ST/ZIP/CO:	MARLBOROUGH, MA 01752		

NAME:	MASAYO TADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	84 WATERFORD DRIVE		
CITY/ST/ZIP/CO:	MARLBOROUGH, MA 01752		

NAME:	Hiroshi Nomura	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	84 Waterford Drive		
CITY/ST/ZIP/CO:	Marlborough, MA 01752		

NAME:	Albert P Parker II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	84 Waterford Drive		
CITY/ST/ZIP/CO:	Marlborough, MA 01752		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	F. Ty Edmondson ASST SECRETARY 84 Waterford Drive Marlborough, MA 01752	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Antony Loebel DIRECTOR 84 Waterford Drive Marlborough, MA 01752	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ F. Ty Edmondson SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	F. Ty Edmondson, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/3/2013 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.			