

1.) CORPORATION NAME:

Wallace Pharmaceuticals Inc.

DUE DATE: **8/31/2011**

SCC ID NO: **F1834896**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 265 DAVIDSON AVENUE

CITY/ST/ZIP: SOMERSET, NJ 08873-4120

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: ANDERS LONNER
TITLE: DIRECTOR
ADDRESS: 265 DAVIDSON AVE
CITY/ST/ZIP/CO: SOMERSET, NJ 08873-4120

OFFICER DIRECTOR

NAME: HENRIK STENQVIST
TITLE: DIRECTOR
ADDRESS: C/O 265 DAVIDSON AVE
CITY/ST/ZIP/CO: SOMERSET, NJ 08873-4120

OFFICER DIRECTOR

NAME: DAVID VERNIERI
TITLE: SECRETARY
ADDRESS: 265 DAVIDSON AVENUE
CITY/ST/ZIP/CO: SOMERSET, NJ 08873-4120

OFFICER DIRECTOR

NAME: JEFFREY HOSTLER
TITLE: COO / CFO
ADDRESS: 265 DAVIDSON AVE
CITY/ST/ZIP/CO: SOMERSET, NJ 08873-4120

OFFICER 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/ DAVID VERNIERI

DAVID VERNIERI, SECRETARY

8/1/2011

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.