

1.) CORPORATION NAME:

DUE DATE: **4/30/2014**

**Shionogi Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1857103**

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 CAMPUS DRIVE

CITY/ST/ZIP: FLORHAM PARK, NJ 07932

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: JOHN KELLER TITLE: PRESIDENT ADDRESS: 300 CAMPUS DRIVE CITY/ST/ZIP/CO: FLORHAM PARK, NJ 07932	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DEANNE MELLOY TITLE: VICE PRESIDENT ADDRESS: 300 CAMPUS DRIVE CITY/ST/ZIP/CO: FLORHAM PARK, NJ 07932	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL MILLIGAN TITLE: VICE PRESIDENT ADDRESS: 300 CAMPUS DRIVE CITY/ST/ZIP/CO: FLORHAM PARK, NJ 07932	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TADASHI HARA TITLE: TREASURER ADDRESS: 300 CAMPUS DRIVE CITY/ST/ZIP/CO: FLORHAM PARK, NJ 07932	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Joseph Spagnardi TITLE: SECRETARY ADDRESS: 300 CAMPUS DRIVE CITY/ST/ZIP/CO: FLORHAM PARK, NJ 07932	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ISAO TESHIROGI TITLE: CHAIRMAN ADDRESS: 1-8, DOSHOMACHI 3-CHOME CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: YUUJI HOSOGAI TITLE: DIRECTOR ADDRESS: 1-8, DOSHOMACHI 3-CHOME CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TAKUKO SAWADA TITLE: DIRECTOR ADDRESS: 1-8, DOSHOMACHI 3-CHOME CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MASAAKI TAKEYASU TITLE: DIRECTOR ADDRESS: 1-8, DOSHOMACHI 3-CHOME CITY/ST/ZIP/CO: , , FN	<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/ MICHAEL MILLIGAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL MILLIGAN, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/7/2014 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.		