

F99000003736

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Shionogi Qualicaps, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation to
transact business in Florida.

Please return all correspondence concerning this matter to the following:

900002768299--7
-02/08/99--01160--003
*****70.00 *****70.00

Mickey McFeeley

(Name of Person)

Shionogi Qualicaps, Inc.

(Firm/Company)

6505 Franz Warner Parkway

(Address)

Whitsett, NC 27377

(City/State/Zip)

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Should you need to call someone concerning this matter, please call:

900002768299--7
-07/21/99--01071--001
***7065.00 ***7065.00

Dennis M. Stella

(Name of Person)

at (336) 449-3920

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 9, 1999

MICKEY MCFEELEY
SHIONOGI QUALICAPS, INC.
6505 FRANZ WARNER PARKWAY
WHITSETT, NC 27377

SUBJECT: SHIONOGI QUALICAPS, INC.
Ref. Number: W99000003240

We have received your document for SHIONOGI QUALICAPS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$7,065.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 999A00005698



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 8, 1999

MICKEY MCFEELEY
SHIONOGI QUALICAPS, INC.
6505 FRANZ WARNER PARKWAY
WHITSETT, NC 27377

SUBJECT: SHIONOGI QUALICAPS, INC.
Ref. Number: W99000003240

This letter is in response to the application by foreign corporation for authorization to transact business in Florida that was previously submitted to this office for SHIONOGI QUALICAPS, INC..

The referenced application states that the corporation has transacted business in the State of Florida since January 31, 1993. You were notified by letter dated February 9, 1999, that because of failure to obtain a certificate of authority prior to transacting business in the State of Florida, the corporation is liable for \$7065.00 in appropriate fees and penalties as set forth in Section 607.1502(4), Florida Statutes, (copy enclosed).

Until a response is received by this office concerning the prior notification, the application by foreign corporation for authorization to transact business in Florida will not be processed. If erroneous information was reflected on the previously submitted application, a sworn affidavit may be filed stating the correct date the corporation first transacted business in Florida, that the corporation did not transact business in Florida prior to the application filing year and that the information entered on such application is incorrect. Any such affidavit will be included with your original qualification documents.

Please provide your response to this letter within 30 days to avoid the necessity of further action.

If you have further questions concerning the filing of your document, please telephone the Foreign Qualification/Tax Lien Section at (850) 487-6051.

Gretchen Harvey
Document Specialist Supervisor Letter No. 099A00030871

Enclosure



Shionogi Qualicaps, Inc.

6505 Franz Warner Parkway

Whitsett, NC 27377-9215

336-449-3900

FAX: 336-449-3333

July 15, 1999

Florida Department of State
Attn: Gretchen Harvey
Foreign Qualification/Tax Lien Section
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Reference Number: W99000003240
Letter Number: 0099A00030871

Dear Ms. Harvey:

Enclosed is our check in the amount of \$7065.00 to cover annual report fees and penalties since 1993. It is our understanding that this payment is required for our application for authorization to transact business in Florida to be processed. We have reviewed our application and found the information previously submitted to be correct.

Sincerely,

A handwritten signature in cursive script that reads "Gail B. McMahon".

Gail B. McMahon
Financial Accountant

Enclosure

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. SHIONOGI QUALICAPS, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE - USA
(State or country under the law of which it is incorporated)
3. 35-1875434
(FEI number, if applicable)
4. JUNE 11, 1992
(Date of Incorporation)
5. "PERPETUAL"
(Duration: Year corp. will cease to exist or "perpetual")
6. January 31, 1993
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 6505 FRANZ WARNER PARKWAY
WHITSETT, NC 27377
(Current mailing address)
8. SALE OF EMPTY GELATIN CAPSULES AND LEASING OR SALE OF CAPSULE FILLING EQUIPMENT
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: C T Corporation System

Office Address: 1200 South Pine Island Rd.

Plantation, Florida, 33324
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

**ALLAN FARNELL
ASSISTANT SECRETARY**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Duane Monk

Address: 6505 Franz Warner Parkway
Whitsett, NC 27377

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Duane Monk

Address: 6505 Franz Warner Parkway
Whitsett, NC 27377

Executive Vice President: Masaharu Mori

Address: 6505 Franz Warner Parkway
Whitsett, NC 27377

Secretary: Masaharu Mori

Address: 6505 Franz Warner Parkway
Whitsett, NC 27377

Treasurer: Dennis M. Stella

Address: 6505 Franz Warner Parkway
Whitsett, NC 27377

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Dennis M. Stella
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Dennis M. Stella - Treasurer
(Typed or printed name and capacity of person signing application)

FILED

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State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHIONOGI QUALICAPS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JANUARY, A.D. 1999.

FILED
99 JUL 21 PM 2:02
STATE
TALLAHASSEE FLORIDA



Edward J. Freel

Edward J. Freel, Secretary of State

AUTHENTICATION: