| No. <b>W 84864</b>                                       |                                                                                              | Due no later than Jun 30, 2011                                         |                                   | 2. Registered Agent and Address (NO PO BOX)                            |       |         |             |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------|-------|---------|-------------|
| Return to: SECRETARY OF STATE                            |                                                                                              | Annual Report Form  1. Mailing Address: Correct in this box if needed. |                                   | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 |       |         |             |
| 700 WEST JEFFERSO<br>PO BOX 83720<br>BOISE, ID 83720-008 |                                                                                              | PHARMA-SMART USA, LLC<br>LISA A LOCAPUTO<br>3495 WINSTON PL            |                                   | USA                                                                    |       |         |             |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                 |                                                                                              | BLDG A STE 1<br>ROCHESTER NY 14623-2824<br>USA                         |                                   | 3. New Registered Agent Signature:*                                    |       |         |             |
| 4. Limited Liability Com                                 | panies: Enter Nar                                                                            | mes and Addresses of at                                                | least one Member or Manager.      |                                                                        |       |         |             |
| Office Held                                              | Name                                                                                         |                                                                        | Street or PO Address              | City                                                                   | State | Country | Postal Code |
| MEMBER                                                   | PHARMA-SM.<br>INC.                                                                           | ART INTERNATIONAL,                                                     | 3495 WINTON PLACE BLDG A, SUITE 1 | ROCHESTER                                                              | NY    | USA     | 14623-2824  |
| 5. Organized Under the Laws of: 6. Annual F              |                                                                                              | 6. Annual Report must b                                                | e signed.*                        |                                                                        |       |         |             |
| NY<br>W 84864                                            |                                                                                              | Signature: Lisa A. Locaputo                                            |                                   | Date: 05/18/2011                                                       |       |         |             |
|                                                          |                                                                                              | Name (type or print): Lisa A. Locaputo                                 |                                   | Title: Accounting Specialist                                           |       |         |             |
| Processed 05/18/2011                                     | ocessed 05/18/2011 * Electronically provided signatures are accepted as original signatures. |                                                                        |                                   |                                                                        |       |         |             |