

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006527

FILED
Feb 23, 2011
Secretary of State

Entity Name: EKR THERAPEUTICS, INC.

Current Principal Place of Business:

1545 US HIGHWAY 206
3RD FLOOR
BEDMINTER, NJ 07921

New Principal Place of Business:

Current Mailing Address:

1545 US HIGHWAY 206
3RD FLOOR
BEDMINTER, NJ 07921

New Mailing Address:

FEI Number: 20-3049476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: BAILYE, JOHN
Address: 1545 US HIGHWAY 206
City-St-Zip: BEDMINSTER, NJ 07921 US

Title: DIR
Name: PERICELLI, SCOTT
Address: 2929 ARCH STREET, SUITE 2700
City-St-Zip: PHILADELPHIA, PA 19104 US

Title: DIR
Name: ST. PETER, STEVEN
Address: 200 CLARENDON STREET
City-St-Zip: BOSTON, MA 02116 US

Title: DIR
Name: OLIVA, ADELE
Address: 2929 ARCH STREET, SUITE 2700
City-St-Zip: PHILADELPHIA, PA 19104

Title: VP
Name: KISTNER, ANDREA
Address: 1545 ROUTE 206
City-St-Zip: BEDMINSTER, NJ 07921 US

Title: DIR
Name: SCHERL, ZEV
Address: 555 E. LANCASTER AVENUE, SUITE 520
City-St-Zip: RADNOR, PA 19087 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREA KISTNER

VP

02/23/2011

Electronic Signature of Signing Officer or Director

_____ Date