2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V57953

Entity Name: NEPHRON PHARMACEUTICALS CORPORATION

FILED
Apr 28, 2020
Secretary of State
6530030084CC

Current Principal Place of Business:

4500 12TH STREET EXTENSION
WEST COLUMBIA, SC 29172

Current Mailing Address:

4500 12TH STREET EXTENSION
WEST COLUMBIA, SC 29172 US

FEI Number: 93-1065757

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: ANGEL SHEARER, ASSISTANT SECRETARY 04/28/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT, CHAIRMAN, CEO, DIRECTOR
Name	KENNEDY, LOU W.
Address	4500 12TH STREET EXTENSION
City-State-Zip:	WEST COLUMBIA SC 29172

Title	VP, DIRECTOR
Name	MCGOWAN, COURTNEY KENNEDY
Address	4500 12TH STREET EXTENSION
City-State-Zip:	WEST COLUMBIA SC 29172

Title	DIRECTOR
Name	JIBAJA, HENRY J.
Address	4500 12TH STREET EXTENSION
City-State-Zip:	WEST COLUMBIA SC 29172

Title	VP, DIRECTOR
Name	WHITNER, ASHLEY KENNEDY
Address	4500 12TH STREET EXTENSION
City-State-Zip:	WEST COLUMBIA SC 29172

Title	DIRECTOR
Name	KENNEDY, WILLIAM P.
Address	4500 12TH STREET EXTENSION
City-State-Zip:	WEST COLUMBIA SC 29172

Title	SECRETARY/TREASURER
Name	STONER, DANIEL S.
Address	4500 12TH STREET EXTENSION
City-State-Zip:	WEST COLUMBIA SC 29172

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: LOU WOOD KENNEDY PRESIDENT 04/28/2020

Electronic Signature of Signing Officer/Director Detail — Date