

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004366

Entity Name: AEROPHARM TECHNOLOGY, LLC

Current Principal Place of Business:

1 N. WAUKEGAN ROAD
NORTH CHICAGO, IL 60064

Current Mailing Address:

1 N WAUKEGAN ROAD
TAX DEPARTMENT
NORTH CHICAGO, IL 60064 US

FEI Number: 22-3242597

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER AND PRESIDENT
Name MICHAEL, ROBERT A
Address 1 N. WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

Title AUTHORIZED MEMBER
Name KOS PHARMACEUTICALS INC.
Address 1 N. WAUKEGAN ROAD
 D-V367/AP34 (AR)
City-State-Zip: NORTH CHICAGO IL 60064

Title TREASURER
Name REENTS, SCOTT T
Address 1 N WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

Title VP
Name BRISTOW, LINDSEY
Address 1 N WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

Title SECRETARY
Name LAGUNAS, JENNIFER M
Address 1 N WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

Title ASST. SECRETARY
Name CORBIN, JOHANNA M
Address 1 N WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

Title ASST. TREASURER
Name KLINTWORTH, WAYNE
Address 1 N WAUKEGAN ROAD
City-State-Zip: NORTH CHICAGO IL 60064

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDSEY BRISTOW

VICE PRESIDENT

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date