

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000001926

Entity Name: VALENT BIOSCIENCES LLC

Current Principal Place of Business:

870 TECHNOLOGY WAY
LIBERTYVILLE, IL 60048

Current Mailing Address:

870 TECHNOLOGY WAY
LIBERTYVILLE, IL 60048 US

FEI Number: 36-4334458

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MEMBER
Name VALENT U.S.A. LLC
Address 1600 RIVIERA AVENUE, SUITE 200
City-State-Zip: WALNUT CREEK CA 94596

Title MANAGER
Name NISHIMOTO, REI
Address 27-1 SHINKAWA 2-CHOME
City-State-Zip: CHUO-KU 00104-8260

Title MANAGER
Name LEE, ANDREW
Address 1600 RIVIERA AVE
SUITE 200
City-State-Zip: WALNUT CREEK CA 94596

Title MANAGER
Name MELNIK, THEODORE
Address 870 TECHNOLOGY WAY
City-State-Zip: LIBERTYVILLE IL 60048

Title MANAGER
Name MUKAI, HIROYOSHI
Address 27-1 SHINKAWA 2-CHOME
City-State-Zip: CHUO-KU 00104-8260

Title MANAGER
Name SAKATA, KEIICHI
Address 27-1 SHINKAWA 2-CHOME
City-State-Zip: CHUO-KU 00104-8260

Title MANAGER
Name UMEDA, KIMITOSHI
Address 27-1 SHINKAWA 2-CHOME
City-State-Zip: CHUO-KU 00104-8260

Title MANAGER
Name UZAWA, MASANORI
Address 27-1 SHINKAWA 2-CHOME
City-State-Zip: CHUO-KU 00104-8260

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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: EDMUND BAUMGARTNER

AUTHORIZED PERSON

02/13/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED REPRESENTATIVE
Name BAUMGARTNER, EDMUND
Address 870 TECHNOLOGY WAY
City-State-Zip: LIBERTYVILLE IL 60048