

**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