

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000002537

**FILED**  
**Feb 21, 2017**  
**Secretary of State**  
**CC4030949586**

**Entity Name:** DRUGS FOR NEGLECTED DISEASES INITIATIVE NORTH AMERICA, INC.

**Current Principal Place of Business:**

40 WALL ST, 24TH FLOOR  
NEW YORK, NY 10005

**Current Mailing Address:**

40 WALL ST, 24TH FLOOR  
NEW YORK, NY 10005 US

**FEI Number:** 20-8774179

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title C  
Name SHAPIRO, BENNETT  
Address PO BOX 777  
City-State-Zip: NEW HOPE PA 18938

Title D  
Name CHANG, SHING  
Address 13070 BROADWAY TERR  
City-State-Zip: OAKLAND CA 94611-1248

Title S  
Name PORTNOY, DARIN  
Address 275 ADELPHI ST  
City-State-Zip: BROOKLYN NY 11205

Title T  
Name TANGUY, JOELLE  
Address 220 EAST 42ND STREET  
18TH FLOOR  
City-State-Zip: NEW YORK NY 10017

Title BM  
Name PECOUL, BERNARD  
Address 15 RUE DU JURA  
City-State-Zip: AMBILLY 74100

Title BM  
Name TORGESON, KRISTINA  
Address 106 BERKSHIRE RD  
City-State-Zip: ITHACA NY 14850

Title BM  
Name AHAMED , MEENA  
Address 3001 44TH PLACE NW  
City-State-Zip: WASHINGTON DC 20016

Title BM  
Name LAWRENCE, JOHN  
Address 333 7TH AVENUE  
City-State-Zip: NEW YORK NY 10001-5004

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BENNETT SHAPIRO**

**SR. FINANCE &  
ADMINISTRATION  
COORDINATOR**

**02/21/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date