

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000005558

**Entity Name:** PURDUE PHARMA INC.

**Current Principal Place of Business:**

201 TRESSER BLVD  
ONE STAMFORD FORUM  
STAMFORD, CT 06901

**Current Mailing Address:**

201 TRESSER BLVD  
ONE STAMFORD FORUM  
STAMFORD, CT 06901 US

**FEI Number:** 06-1307486

**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 SECRETARY  
Name KESSELMAN, MARC L.  
Address 201 TRESSER BLVD  
ONE STAMFORD FORUM  
City-State-Zip: STAMFORD CT 06901

Title CHAIRMAN OF THE BOARD  
Name MILLER, ROBERT S.  
Address 201 TRESSER BLVD  
ONE STAMFORD FORUM  
City-State-Zip: STAMFORD CT 06901

Title DIRECTOR  
Name BUCKFIRE, KEN  
Address 201 TRESSER BLVD  
ONE STAMFORD FORUM  
City-State-Zip: STAMFORD CT 06901

Title DIRECTOR  
Name DUBEL, JOHN S.  
Address 201 TRESSER BLVD  
ONE STAMFORD FORUM  
City-State-Zip: STAMFORD CT 06901

Title DIRECTOR  
Name COLA, MICHAEL  
Address 201 TRESSER BLVD  
ONE STAMFORD FORUM  
City-State-Zip: STAMFORD CT 06901

Title DIRECTOR  
Name BOER, PETER  
Address 201 TRESSER BLVD  
ONE STAMFORD FORUM  
City-State-Zip: STAMFORD CT 06901

Title DIRECTOR  
Name PICKETT, CECIL  
Address 201 TRESSER BLVD  
ONE STAMFORD FORUM  
City-State-Zip: STAMFORD CT 06901

Title DIRECTOR  
Name RONCALLI, ANTHONY M.  
Address 201 TRESSER BLVD  
ONE STAMFORD FORUM  
City-State-Zip: STAMFORD CT 06901

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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 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:** MARC L. KESSELMAN

**SECRETARY**

**04/04/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT/CEO  
Name            LANDAU, CRAIG MD  
Address        201 TRESSER BLVD  
                  ONE STAMFORD FORUM  
City-State-Zip: STAMFORD CT 06901

Title            TREASURER/CFO  
Name            RONAN, TERRENCE  
Address        201 TRESSER BLVD  
                  ONE STAMFORD FORUM  
City-State-Zip: STAMFORD CT 06901