

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000001037

**Entity Name:** OCTAPHARMA USA, INC.

**Current Principal Place of Business:**

121 RIVER STREET  
SUITE 1201  
HOBOKEN, NJ 07030

**Current Mailing Address:**

121 RIVER STREET  
SUITE 1201  
HOBOKEN, NJ 07030

**FEI Number:** 75-3113527

**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

**Officer/Director Detail :**

Title DP  
Name NIELSEN, FLEMMING  
Address 121 RIVER STREET, SUITE 1201  
City-State-Zip: HOBOKEN NY 07030

Title T  
Name DICRISCIO, LOUIS  
Address 121 RIVER STREET, SUITE 1201  
City-State-Zip: HOBOKEN NY 07030

Title D  
Name MARGUERRE, WOLFGANG  
Address SEIDENSTRASSE 2. CH-8853  
City-State-Zip: LACHEN, SWITZERLAND

Title S  
Name MARGUERRE, TOBIAS  
Address SEIDENSTRASSE 2, CH-8853  
City-State-Zip: LACHEN, SWITZERLAND

*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:** FLEMMING NIELSEN

**PRESIDENT**

**01/06/2016**

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

\_\_\_\_\_  
Date