

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003340

Entity Name: SUNOVION PHARMACCUTICALS INC.**Current Principal Place of Business:**84 WATERFORD DRIVE
MARLBOROUGH, MA 01752**Current Mailing Address:**84 WATERFORD DRIVE
MARLBOROUGH, MA 01752 US**FEI Number:** 22-2536587**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	PRESIDENT
Name	TAMURA, NOBUHIKO
Address	84 WATERFORD DRIVE
City-State-Zip:	MARLBOROUGH MA 01752

Title	CORPORATE SECRETARY
Name	BOKAR, GREG
Address	84 WATERFORD DRIVE
City-State-Zip:	MARLBOROUGH MA 01752

Title	CFO
Name	FREEMAN, STEVEN
Address	84 WATERFORD DRIVE
City-State-Zip:	MARLBOROUGH MA 01752

Title	DIRECTOR
Name	NOMURA, HIROSHI
Address	84 WATERFORD DRIVE
City-State-Zip:	MARLBOROUGH MA 01752

Title	DIRECTOR
Name	LOEBEL, ANTONY
Address	84 WATERFORD DRIVE
City-State-Zip:	MARLBOROUGH MA 01752

Title	DIRECTOR
Name	BABA, HIROYUKI
Address	84 WATERFORD DRIVE
City-State-Zip:	MARLBOROUGH MA 01752

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: NOBUHIKO TAMURA**PRESIDENT****04/07/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date