2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2021
Secretary of State
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Entity Name: JOM PHARMACEUTICAL SERVICES, INC.

Current Principal Place of Business:

1 COTTONTAIL LANE
SOMERSET, NJ 08873

Current Mailing Address:

1 COTTONTAIL LANE
SOMERSET, NJ 08873 US

FEI Number: 30-0390850

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	JOHN, CRENSHAW M
Address	1 COTTONTAIL LANE
City-State-Zip:	SOMERSET NJ 08873

Title	ASSISTANT SECRETARY
Name	LAURIE, PEARCE J
Address	1 COTTONTAIL LANE
City-State-Zip:	SOMERSET NJ 08873

Title	ASSISTANT SECRETARY
Name	ALYSON, LAWRENCE
Address	1 COTTONTAIL LANE
City-State-Zip:	SOMERSET NJ 08873

Title	ASSISTANT SECRETARY
Name	TINA, FRENCH S
Address	1 COTTONTAIL LANE
City-State-Zip:	SOMERSET NJ 08873

Title	ASSISTANT SECRETARY
Name	ALTIS, SCAFE A
Address	1 COTTONTAIL LANE
City-State-Zip:	SOMERSET NJ 08873

Title	ASSISTANT SECRETARY
Name	JOHN, MCILHINNEY M
Address	1 COTTONTAIL LANE
City-State-Zip:	SOMERSET NJ 08873

Title	ASSISTANT SECRETARY
Name	BRANDON, GREER
Address	1 COTTONTAIL LANE
City-State-Zip:	SOMERSET NJ 08873

Title	PRESIDENT
Name	CARL, CRUMPLEN M
Address	1 COTTONTAIL LANE
City-State-Zip:	SOMERSET NJ 08873

Continues on page 2

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: CRENSHAW M JOHN SECRETARY 04/22/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASSISTANT SECRETARY
Name	CLAIRE, CHONTOFALSKY E
Address	1 COTTONTAIL LANE
City-State-Zip:	SOMERSET NJ 08873

Title	ASSISTANT SECRETARY
Name	SCOTT, BORUP P
Address	1 COTTONTAIL LANE
City-State-Zip:	SOMERSET NJ 08873

Title	ASSISTANT SECRETARY
Name	RENEE, BRUTUS
Address	1 COTTONTAIL LANE
City-State-Zip:	SOMERSET NJ 08873

Title	DIRECTOR
Name	JOSE, AZEVEDO
Address	1 COTTONTAIL LANE
City-State-Zip:	SOMERSET NJ 08873