

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000006112

**Entity Name:** CTI BIOPHARMA CORP.**Current Principal Place of Business:**3101 WESTERN AVE  
SUITE 800  
SEATTLE, WA 98121**Current Mailing Address:**3101 WESTERN AVE  
SUITE 800  
SEATTLE, WA 98121 US**FEI Number:** 91-1533912**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:** DONNA MOCH

03/21/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CRAIG, ADAM R  
Address        3101 WESTERN AVE  
                 SUITE 800  
City-State-Zip: SEATTLE WA 98121

Title            DIRECTOR  
Name            MATTHEW , PERRY  
Address        3101 WESTERN AVE  
                 SUITE 800  
City-State-Zip: SEATTLE WA 98121

Title            TREASURER  
Name            KIRSKE, DAVID  
Address        3101 WESTERN AVE  
                 SUITE 800  
City-State-Zip: SEATTLE WA 98121

Title            SECRETARY  
Name            SEELEY, BRUCE  
Address        3101 WESTERN AVE SUITE 800  
City-State-Zip: SEATTLE WA 98121

Title            DIRECTOR  
Name            ADAM R , CRAIG  
Address        3101 WESTERN AVE SUITE 800  
City-State-Zip: SEATTLE WA 98121

Title            DIRECTOR  
Name            REED V , TUCKSON  
Address        3101 WESTERN AVE SUITE 800  
City-State-Zip: SEATTLE WA 98121

Title            DIRECTOR  
Name            RICHARD , LOVE  
Address        3101 WESTERN AVE  
                 SUITE 800  
City-State-Zip: SEATTLE WA 98121

Title            VP  
Name            LOUISE, POBANZ  
Address        3101 WESTERN AVE  
                 SUITE 800  
City-State-Zip: SEATTLE WA 98121

**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:** LOUISE POBANZ

VICE PRESIDENT

03/21/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LAURENT , FISCHER  
Address 3101 WESTERN AVE  
SUITE 800  
City-State-Zip: SEATTLE WA 98121

Title DIRECTOR  
Name DAVID , PARKINSON  
Address 3101 WESTERN AVE  
SUITE 800  
City-State-Zip: SEATTLE WA 98121

Title DIRECTOR  
Name MICHAEL A , METZGER  
Address 3101 WESTERN AVE  
SUITE 800  
City-State-Zip: SEATTLE WA 98121

Title DIRECTOR  
Name PARKS, DIANE  
Address 3101 WESTERN AVE  
SUITE 800  
City-State-Zip: SEATTLE WA 98121