

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002698

Entity Name: EXELAN PHARMACEUTICALS INC.**Current Principal Place of Business:**242 S CULVER STREET SUITE 208
LAWRENCEVILLE, GA 30046**Current Mailing Address:**242 S CULVER STREET SUITE 208
LAWRENCEVILLE, GA 30046**FEI Number:** 27-4312556**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	CFO	Title	OTHER, EXECUTIVE VICE PRESIDENT
Name	LUHARUKA, AJAY	Name	LALWANI, NIKHIL
Address	BLDG 3B, FLAT 704 SIDDHIVINAYAK CHS ASHA NAGAR, KANDIVCALI, MUMBAI 400101	Address	550 SOUTH RESEARCH PLACE
City-State-Zip:	MAHARASHTRA INDIA	City-State-Zip:	CENTRAL ISLIP NY 11722
Title	PRESIDENT		
Name	HICKS, DENNIS		
Address	242 S. CULVER STREET SUITE 208		
City-State-Zip:	LAWRENCEVILLE GA 30046		

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: DENNIS HICKS

PRESIDENT

02/20/2017

Electronic Signature of Signing Officer/Director Detail_____
Date