

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001407

Entity Name: METABOLON, INC.

**Current Principal Place of Business:**

617 DAVIS DR.  
SUITE 100  
MORRISVILLE, NC 27560

**FILED**  
**Apr 16, 2021**  
**Secretary of State**  
**1553703538CC**

**Current Mailing Address:**

P.O. BOX 110407  
RESEARCH TRIANGLE PARK, NC 27709 US

**FEI Number: 04-3518046**

**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 DIRECTOR  
Name RYALS, JOHN  
Address 617 DAVIS DR.  
SUITE 100  
City-State-Zip: MORRISVILLE NC 27560

Title DIRECTOR  
Name CASKEY, C. THOMAS MD FACP  
Address ONE BAYLOR PLAZA  
BCM225  
City-State-Zip: HOUSTON TX 77030

Title DIRECTOR  
Name PIERSON, DAVID  
Address 9 DAVIS DRIVE  
City-State-Zip: RESEARCH TRIANGLE PARK NC  
27709

Title DIRECTOR  
Name FLETCHER, JOHN  
Address 222 BERKELEY STREET  
20TH FLOOR  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name OXAAL, JOHN  
Address 300 N. DUKE STREET  
City-State-Zip: DURHAM NC 27701

Title DIRECTOR  
Name BARRY, R. SCOTT  
Address 280 PARK AVE  
27TH FLOOR  
City-State-Zip: EAST NEW YORK NY 10017

Title DIRECTOR, PRESIDENT  
Name HASTIE, ROHAN  
Address 617 DAVIS DR.  
SUITE 100  
City-State-Zip: MORRISVILLE NC 27560

Title DIRECTOR  
Name HOWARD, RUDY  
Address 219 CABBAGE LANE  
City-State-Zip: WILMINGTON NC 28409

**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: JOHN KURTWEIL

SECRETARY

04/16/2021

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           COSTA, SANTO (SANDY) J.  
Address        2500 WACHOVIA CAPITAL CTR  
City-State-Zip: RALEIGH NC 27602

Title           SECRETARY, CFO  
Name           KURTWEIL, JOHN  
Address        617 DAVIS DR.  
                  STE 100  
City-State-Zip: MORRISVILLE NC 27560