

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000001407

Entity Name: METABOLON, INC.

Current Principal Place of Business:

617 DAVIS DR.
SUITE 100
MORRISVILLE, NC 27560

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	FLETCHER, JOHN
Address	222 BERKELEY STREET 20TH FLOOR
City-State-Zip:	BOSTON MA 02116
Title	DIRECTOR
Name	BARRY, R. SCOTT
Address	280 PARK AVE 27TH FLOOR
City-State-Zip:	EAST NEW YORK NY 10017
Title	DIRECTOR
Name	FISHER, DOUG
Address	300 TURNEY STREET
City-State-Zip:	SUASALITO CA 94965
Title	DIRECTOR
Name	LUNDBERG, JAN
Address	617 DAVIS DR. SUITE 100
City-State-Zip:	MORRISVILLE NC 27560

Title	DIRECTOR
Name	OXAAL, JOHN
Address	300 N. DUKE STREET
City-State-Zip:	DURHAM NC 27701
Title	DIRECTOR, PRESIDENT
Name	HASTIE, ROHAN
Address	617 DAVIS DR. SUITE 100
City-State-Zip:	MORRISVILLE NC 27560
Title	SECRETARY, TREASURER
Name	HAINES, GERALD M. II
Address	617 DAVIS DR. SUITE 100
City-State-Zip:	MORRISVILLE NC 27560
Title	DIRECTOR
Name	PRIU, PAUL
Address	617 DAVIS DR. SUITE 100
City-State-Zip:	MORRISVILLE NC 27560

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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: GERALD M. HAINES II

SECRETARY

01/31/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CASCELLA, ROBERT
Address 222 JACOBS STREET
City-State-Zip: CAMBRIDGE MA 02141

Title DIRECTOR
Name SCHERMERHORN, TODD
Address 617 DAVIS DR.
SUITE 100
City-State-Zip: MORRISVILLE NC 27560

Title DIRECTOR
Name BARRY, SCOTT
Address 75 ROCKEFELLER PLAZA
SUITE 1700A
City-State-Zip: NEW YORK NY 10019