

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003932

Entity Name: CIPHER PHARMACEUTICALS INC.**Current Principal Place of Business:**5650 TOMKEN RD UNIT 16
MISSISSAUGA ONT L4W 4P1,**Current Mailing Address:**5650 TOMKEN RD UNIT 16
MISSISSAUGA ONT L4W 4P1, XX**FEI Number: NOT APPLICABLE****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 CHAIRMAN
Name GARRIOCK, WILLIAM
Address 5650 TOMKEN ROAD
City-State-Zip: MISSISSAUGA ONTARIO L4W 4P1

Title DIRECTOR
Name AIGNER, STEFAN
Address 5650 TOMKEN ROAD
City-State-Zip: MISSISSAUGA ONTARIO L4W 4P1

Title CFO
Name EVANS, NORMAN
Address 5650 TOMKEN ROAD
City-State-Zip: MISSISSAUGA ONTARIO L4W 4P1

Title DIRECTOR
Name MULL, JOHN
Address 5650 TOMKEN
City-State-Zip: MISSISSAUGA ONTARIO L4W 4P1

Title DIRECTOR
Name CLAYPOOL, WILLIAM
Address 5650 TOMKEN ROAD
City-State-Zip: MISSISSAUGA ONTARIO L4W 4P1

Title PRESIDENT
Name ANDREWS, LARRY
Address 5650 TOMKEN ROAD
City-State-Zip: MISSISSAUGA ONTARIO L4W 4P1

Title DIRECTOR
Name MCDOLE, GERALD
Address 5650 TOMKEN ROAD
City-State-Zip: MISSISSAUGA ONTARIO L4W 4P1

Title DIRECTOR
Name WISEMAN, STEPHEN
Address 5650 TOMKEN ROAD
City-State-Zip: MISSISSAUGA ONTARIO L4W 4P1

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: NORMAN EVANS**CFO****04/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date