

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003932

Entity Name: CIPHER PHARMACEUTICALS INC.

Current Principal Place of Business:

209 OAK PARK BLVD
SUITE 501
OAKVILLE, ON L6H 0M2

Current Mailing Address:

209 OAK PARK BLVD
SUITE 501
OAKVILLE, ON L6H 0M2 CA

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

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 INTERIM CEO
Name MULL, CRAIG
Address 209 OAK PARK BLVD
SUITE 501
City-State-Zip: OAKVILLE L6H 0M2

Title DIRECTOR
Name MULL, JOHN
Address 209 OAK PARK BLVD
SUITE 501
City-State-Zip: OAKVILLE ON L6H0M2

Title DIRECTOR
Name DEBOECK, ARTHUR
Address 209 OAK PARK BLVD
SUITE 501
City-State-Zip: OAKVILLE L6H0M2

Title DIRECTOR
Name GODIN, CHRISTIAN
Address 209 OAK PARK BLVD
SUITE 501
City-State-Zip: OAKVILLE ON L6H 0M2

Title DIRECTOR
Name WOLKIN, HAROLD
Address 209 OAK PARK BLVD
SUITE 501
City-State-Zip: OAKVILLE ON L6H 0M2

Title DIRECTOR
Name MULL, CRAIG J
Address 209 OAK PARK BLVD
SUITE 501
City-State-Zip: OAKVILLE ON L6H 0M2

Title CFO
Name LANGILLE, SCOTT MR.
Address 209 OAK PARK BLVD
SUITE 501
City-State-Zip: OAKVILLE L6H 0M2

Title DIRECTOR
Name STEINER, CATHY
Address 209 OAK PARK BLVD
SUITE 501
City-State-Zip: OAKVILLE L6H 0M2

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: SCOTT LANGILLE

CFO

02/02/2022

Electronic Signature of Signing Officer/Director Detail

Date