

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003932

**Entity Name:** CIPHER PHARMACEUTICALS INC.

**Current Principal Place of Business:**

5750 EXPLORER DRIVE  
SUITE 404  
MISSISSAUGA, ONTARIO L4W 0A9

**Current Mailing Address:**

5750 EXPLORER DRIVE  
SUITE 404  
MISSISSAUGA, ONTARIO L4W 0A9 CA

**FEI Number:** 98-1772651

**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 5750 EXPLORER DRIVE  
SUITE 404  
City-State-Zip: MISSISSAUGA ONTARIO L4W 0A9

Title DIRECTOR  
Name DEETH, DOUGLAS NORMAN  
Address 5750 EXPLORER DRIVE  
SUITE 404  
City-State-Zip: MISSISSAUGA L4W 0A9

Title DIRECTOR  
Name WALINSKI, HUBERT  
Address 5750 EXPLORER DRIVE  
SUITE 404  
City-State-Zip: MISSISSAUGA L4W 0A9

Title DIRECTOR  
Name WOLKIN, HAROLD  
Address 5750 EXPLORER DRIVE  
SUITE 404  
City-State-Zip: MISSISSAUGA ONTARIO L4W 0A9

Title DIRECTOR  
Name MULL, CRAIG J  
Address 5750 EXPLORER DRIVE  
SUITE 404  
City-State-Zip: MISSISSAUGA ONTARIO L4W 0A9

Title CFO  
Name JACOBS, BRYAN MR.  
Address 5750 EXPLORER DRIVE  
SUITE 404  
City-State-Zip: MISSISSAUGA ONTARIO L4W 0A9

*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:** BRYAN JACOBS

CFO

01/31/2024

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

\_\_\_\_\_  
Date