

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003932

Entity Name: CIPHER PHARMACEUTICALS INC.**Current Principal Place of Business:**2345 ARGENTIA ROAD
SUITE 100A
MISSISSAUGA, ONTARIO L5N 8K4**Current Mailing Address:**2345 ARGENTIA ROAD
SUITE 100A
MISSISSAUGA, ONTARIO L5N 8K4 CA**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	PRESIDENT, CEO
Name	TESSAROLO, ROBERT
Address	2345 ARGENTIA ROAD
City-State-Zip:	MISSISSAUGA L5N 8K4

Title	CFO
Name	LEMIEUX, STEPHEN
Address	2345 ARGENTIA ROAD
City-State-Zip:	MISSISSAUGA L5N 8K4

Title	DIRECTOR
Name	MULL, JOHN
Address	2345 ARGENTIA ROAD
City-State-Zip:	MISSISSAUGA L5N 8K4

Title	DIRECTOR
Name	DEBOECK, ARTHUR
Address	2345 ARGENTIA ROAD
City-State-Zip:	MISSISSAUGA L5N 8K4

Title	DIRECTOR
Name	BEAUDET, MARK
Address	2345 ARGENTIA ROAD
City-State-Zip:	MISSISSAUGA ONTARIO L5N 8K4

Title	DIRECTOR
Name	GODIN, CHRISTIAN
Address	2345 ARGENTIA ROAD
City-State-Zip:	MISSISSAUGA ONTARIO L5N 8K4

Title	DIRECTOR
Name	WOLKIN, HAROLD
Address	2345 ARGENTIA ROAD
City-State-Zip:	MISSISSAUGA ONTARIO L5N 8K4

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: STEPHEN LEMIEUX**CFO & SECRETARY****03/22/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date