

**2017 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 DIRECTOR  
Name AIGNER, STEFAN  
Address 2345 ARGENTIA ROAD  
City-State-Zip: MISSISSAUGA L5N 8K4

Title PRESIDENT  
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 WISEMAN, STEPHEN  
Address 2345 ARGENTIA ROAD  
City-State-Zip: MISSISSAUGA L5N 8K4

Title DIRECTOR  
Name WELLNER, THOMAS  
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

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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:** STEPHEN LEMIEUX

**CFO AND SECRETARY**

**05/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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