

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000005050

**Entity Name:** ZS PHARMA, INC.**Current Principal Place of Business:**1100 PARK PLACE, SUITE 300  
SAN MATEO, CA 94403**Current Mailing Address:**1421 S. BELTLINE ROAD, SUITE 100  
COPPELL, TX 75019 US**FEI Number:** 26-3305698**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	CEO
Name	ALEXANDER, ROBERT
Address	1100 PARK PLACE, SUITE 300
City-State-Zip:	SAN MATEO CA 94033

Title	PRESIDENT
Name	GUILLEM, ALVARO
Address	1421 S. BELTLINE ROAD, SUITE 100
City-State-Zip:	COPPELL TX 75019

Title	COO
Name	KEYSER, JEFFREY D.
Address	1421 S. BELTLINE ROAD, SUITE 100
City-State-Zip:	COPPELL TX 75019

Title	OFFICER
Name	ARATA, PAUL
Address	1100 PARK PLACE, SUITE 300
City-State-Zip:	SAN MATEO CA 94403

Title	OFFICER
Name	TOMASI, ADAM
Address	1100 PARK PLACE, SUITE 300
City-State-Zip:	SAN MATEO CA 94403

Title	OFFICER
Name	SMITH, CYNTHIA
Address	1100 PARK PLACE, SUITE 300
City-State-Zip:	SAN MATEO CA 94403

Title	OTHER
Name	SCHNITZIUS, ROBERT
Address	1421 S. BELTLINE ROAD, SUITE 100
City-State-Zip:	COPPELL TX 75019

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: ROBERT SCHNITZIUS****VICE PRESIDENT-  
FINANCE****04/29/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date