

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002378

Entity Name: MEDAC PHARMA, INC.**Current Principal Place of Business:**29 N. WACKER DR., SUITE 704
CHICAGO, IL 60606**Current Mailing Address:**29 N. WACKER DR., SUITE 704
CHICAGO, IL 60606**FEI Number:** 45-5634664**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 AUTHORIZED PERSON, TREASURER
Name LI, LUYAN
Address 29 N. WACKER DR., SUITE 704
City-State-Zip: CHICAGO IL 60606

Title PRESIDENT, DIRECTOR
Name SHOEMAKER, MARY TERESA
Address 29 N. WACKER DR., SUITE 704
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name STOLBERG, NIKOLAUS GRAF
Address 29 N. WACKER DR., SUITE 704
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name KOSCIESSAA, ULRICH
Address 29 N. WACKER DR., SUITE 704
City-State-Zip: CHICAGO IL 60606

Title SECRETARY
Name PONCY, WILLIAM
Address 29 N. WACKER DR., SUITE 704
City-State-Zip: CHICAGO IL 60606

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: LUYAN LI

TREASURER

04/11/2017

Electronic Signature of Signing Officer/Director Detail_____
Date