

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001087

Entity Name: ALIMERA SCIENCES, INC.

**Current Principal Place of Business:**

6120 WINDWARD PARKWAY, STE 290  
ALPHARETTA, GA 30005

**Current Mailing Address:**

6120 WINDWARD PARKWAY, STE 290  
ALPHARETTA, GA 30005 US

FEI Number: 20-0028718

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

CT 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 MYERS, C DANIEL  
Address 6120 WINDWARD PARKWAY, STE 290  
City-State-Zip: ALPHARETTA GA 30005

Title PCFO  
Name EISWORTH, RICHARD S.  
Address 6120 WINDWARD PARKWAY, STE 290  
City-State-Zip: ALPHARETTA GA 30005

Title SVP  
Name HOLLAND, DAVE  
Address 6120 WINDWARD PARKWAY, STE 290  
City-State-Zip: ALPHARETTA GA 30005

Title CHIEF SCIENTIFIC OFFICER  
Name GREEN, KEN  
Address 6120 WINDWARD PARKWAY, STE 290  
City-State-Zip: ALPHARETTA GA 30005

Title D  
Name BROOKS, MARK  
Address 950 TOWER LANE SUITE 700 IITY, CA 94004  
City-State-Zip: FOSTER CITY CA 94004

Title D  
Name BRADLEY, GLEN  
Address 2505 ANTHEM VILLAGE DRIVE SUITE E528  
City-State-Zip: HENDERSON NV 89052

Title D  
Name PIZZO, PETER  
Address 6120 WINDWARD PARKWAY, STE 290  
City-State-Zip: ALPHARETTA GA 30005

Title D  
Name ROBERTS, CAL  
Address 50 CROSSHILL ROAD  
City-State-Zip: HARTSDALE NY 10530

**Continues on page 2**

*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: MYERS C DANIEL

CEO

06/26/2018

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name LARGENT, JAMES  
Address 249 W. PEACHTREE STREET  
City-State-Zip: NORCROSS GA 30071

Title D  
Name HALAK, BRIAN  
Address ONE PALMER SQUARE SUITE 515  
City-State-Zip: PRINCETON NJ 08542

Title D  
Name LARGENT, JAMES  
Address 10190 OVBERHILL DRIVE  
City-State-Zip: SANTA ANNA CA 92705

Title D  
Name KONG, GARHENG  
Address 1301 SHOREWAY ROAD SUITE 350  
City-State-Zip: BELMONT CA 94002