

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 08, 2023
Secretary of State
1191498906CC

Entity Name: INTERCEPT PHARMACEUTICALS, INC.

Current Principal Place of Business:

305 MADISON AVENUE
MORRISTOWN , NJ 07960

Current Mailing Address:

305 MADISON AVENUE
MORRISTOWN , NJ 07960 US

FEI Number: 22-3868459

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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 CHAIRMAN OF THE BOARD
Name FUNDARO, PAOLO
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07960

Title TREASURER/CFO
Name VENEZIA, ROCCO
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07960

Title DIRECTOR
Name PRUZANSKI, MARK
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07960

Title PRESIDENT, DIRECTOR
Name DURSO, JEROME
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07960

Title DIRECTOR
Name SBLENDORIO, GLENN
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07960

Title DIRECTOR
Name SANTINI, GINO
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07960

Title DIRECTOR
Name MILLER-RICH, NANCY
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07960

Title DIRECTOR
Name GOTTESDIENER, KEITH
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07960

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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: TRUZMAN, JOSE

**CORPORATE
SECRETARY**

03/08/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BRADBURY, DANIEL
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07960

Title DIRECTOR
Name AKKARAJU, SRINIVAS M.D., PHD
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07960

Title DIRECTOR
Name ROSA-BJORKENSON, DAGMAR
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07960

Title DIRECTOR
Name BENATTI, LUCA
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07960

Title CORRESPONDING SECRETARY
Name TRUZMAN, JOSE
Address 305 MADISON AVENUE
City-State-Zip: MORRISTOWN NJ 07960