

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001418

**Entity Name:** INTERCEPT PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

450 W.15TH STREET, SUITE 505  
NEW YORK, NY 10011

**Current Mailing Address:**

450 W.15TH STREET, SUITE 505  
NEW YORK, NY 10011

**FEI Number: 22-3868459**

**Certificate of Status Desired: Yes**

**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 P  
Name PRUZANSKI, MARK  
Address 421 HUDSON ST #212  
City-State-Zip: NEW YORK NY 10014

Title VP  
Name SHAPIRO, DAVID  
Address 5110 VIA AVANTE  
City-State-Zip: RANCHO SANTA FE CA 92067

Title S  
Name MCMINN, RACHEL  
Address 245 10TH AVE, 8E  
City-State-Zip: NEW YORK NY 10001

Title CFO  
Name KAPADIA, SANDIP  
Address 450 W.15TH STREET, SUITE 505  
City-State-Zip: NEW YORK NY 10011

Title D  
Name FUNDARO, PAOLO  
Address 450 W.15TH STREET, SUITE 505  
City-State-Zip: NEW YORK NY 10011

Title D  
Name AKKARAJU, SRINIVAS  
Address 3000 SAND HILL RD 4-250  
City-State-Zip: MENLO PARK CA 94025

*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: MARK PRUZANSKI**

**CEO**

**02/13/2017**

Electronic Signature of Signing Officer/Director Detail

Date