

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002656

Entity Name: EGALET US INC.**Current Principal Place of Business:**600 LEE ROAD
SUITE 100
WAYNE, PA 19087**Current Mailing Address:**600 LEE ROAD
SUITE 100
WAYNE, PA 19087 US**FEI Number:** 46-1236649**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 S 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, PRESIDENT, DIRECTOR
Name RADIE, ROBERT
Address 600 LEE ROAD
SUITE 100
City-State-Zip: WAYNE PA 19087

Title CFO
Name MUSIAL, STAN
Address 600 LEE ROAD
SUITE 100
City-State-Zip: WAYNE PA 19087

Title SECRETARY
Name CARLIN, BARBARA
Address 600 LEE ROAD
SUITE 100
City-State-Zip: WAYNE PA 19087

Title DIRECTOR
Name WALBERT, TIMOTHY
Address 600 LEE ROAD
SUITE 100
City-State-Zip: WAYNE PA 19087

Title DIRECTOR
Name HOCHBERG, ELAINE
Address 600 LEE ROAD
SUITE 100
City-State-Zip: WAYNE PA 19087

Title DIRECTOR
Name NICOLAIDES, NICHOLAS
Address 600 LEE ROAD
SUITE 100
City-State-Zip: WAYNE PA 19087

Title DIRECTOR
Name OSBORN, JOHN
Address 600 LEE ROAD
SUITE 100
City-State-Zip: WAYNE PA 19087

Title DIRECTOR
Name ROCHE, JR., ROBERT P.
Address 600 LEE ROAD
SUITE 100
City-State-Zip: WAYNE PA 19087

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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: BARBARA CARLIN**SECRETARY****05/16/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMILEY, ANDREA HESLIN
Address 600 LEE ROAD
 SUITE 100
City-State-Zip: WAYNE PA 19087

Title DIRECTOR
Name WEAVER, GREGORY
Address 600 LEE ROAD
 SUITE 100
City-State-Zip: WAYNE PA 19087