

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003098

Entity Name: VELOXIS PHARMACEUTICALS, INC.**Current Principal Place of Business:**2000 REGENCY PKWY STE 500
CARY, NC 27518**Current Mailing Address:**2000 REGENCY PKWY STE 500
CARY, NC 27518 US**FEI Number:** 45-0552241**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARACORP INCORPORATED
155 OFFICE PLAZA
1ST FLOOR
TALLAHASSEE, FL 32301 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	PRESIDENT, CEO, DIRECTOR
Name	HENSLEY, MARK
Address	2000 REGENCY PKWY STE 500
City-State-Zip:	CARY NC 27518

Title	TREASURER, CFO
Name	DUARTE, IRA
Address	2000 REGENCY PKWY STE 500
City-State-Zip:	CARY NC 27518

Title	SECRETARY
Name	BARNARD, NOEL
Address	2000 REGENCY PKWY STE 500
City-State-Zip:	CARY NC 27518

Title	DIRECTOR
Name	PACKER, RICHARD
Address	2000 REGENCY PKWY STE 500
City-State-Zip:	CARY NC 27518

Title	DIRECTOR
Name	SAKAMOTO, SHUICHI
Address	2000 REGENCY PKWY STE 500
City-State-Zip:	CARY NC 27518

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 HENSLEY

CEO/PRESIDENT

04/19/2022

Electronic Signature of Signing Officer/Director Detail_____
Date