

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004013

**Entity Name:** ADC THERAPEUTICS AMERICA, INC.

**Current Principal Place of Business:**

430 MOUNTAIN AVENUE  
4TH FLOOR  
MURRAY HILL, NJ 07974

**Current Mailing Address:**

430 MOUNTAIN AVENUE  
4TH FLOOR  
MURRAY HILL, NJ 07974 US

**FEI Number:** 47-3367212

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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, DIRECTOR  
Name            MALLIK, AMEET  
Address        430 MOUNTAIN AVENUE  
                  4TH FLOOR  
City-State-Zip: MURRAY HILL NJ 07974

Title            SECRETARY, DIRECTOR  
Name            GRAHAM, PETER  
Address        430 MOUNTAIN AVENUE  
                  4TH FLOOR  
City-State-Zip: MURRAY HILL NJ 07974

Title            TREASURER, DIRECTOR  
Name            CARMONA, JOSE "PEPE"  
Address        430 MOUNTAIN AVENUE  
                  4TH FLOOR  
City-State-Zip: MURRAY HILL NJ 07974

Title            DIRECTOR  
Name            WILLIAMS, WENDY  
Address        430 MOUNTAIN AVENUE  
                  4TH FLOOR  
City-State-Zip: MURRAY HILL NJ 07974

*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:** WENDY WILLIAMS

**DIRECTOR**

**04/19/2024**

Electronic Signature of Signing Officer/Director Detail

Date