

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004013

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

**FILED**  
**Feb 22, 2016**  
**Secretary of State**  
**CC2178968576**

**Current Principal Place of Business:**

CYPRESS PLAZA  
6365 N.W. 6TH WAY, SUITE 220  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

CYPRESS PLAZA  
6365 N.W. 6TH WAY, SUITE 220  
FT. LAUDERDALE, FL 33309

**FEI Number: 47-3367212**

**Certificate of Status Desired: Yes**

**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 CHAIRMAN OF THE BOARD  
Name CORR, PETER BARTLEY  
Address 6501 REDHOOK PLAZA  
SUITE 201  
City-State-Zip: ST. THOMAS 00802

Title SENIOR VICE PRESIDENT  
Name FEINGOLD, JAY  
Address CYPRESS PLAZA, 6365 NW 6TH WAY,  
SUITE 220  
City-State-Zip: FT. LAUDERDALE FL 33309

Title SECRETARY  
Name GONCALVES, DULCE  
Address ROUTE DE LA CORNICHE 3B  
City-State-Zip: EPALINGES SWITZERLAND

Title TREASURER  
Name HENCHOZ, STEPHANE  
Address ROUTE DE LA CORNICHE 3B  
City-State-Zip: EPALINGES SWITZERLAND

Title DIRECTOR  
Name EVANS-FREKE, STEPHEN  
Address 6501 REDHOOK PLAZA  
SUITE 201  
City-State-Zip: ST. THOMAS 00802

Title DIRECTOR  
Name MARTIN, CHRISTOPHER JOHN  
Address ROUTE DE LA CORNICHE 3B  
City-State-Zip: EPALINGES 1066

Title VP  
Name MULKERRIN, MICHAEL  
Address 165 BELLA VISTA DRIVE  
City-State-Zip: HILLSBOROUGH CA 94010

Title ASSISTANT SECRETARY  
Name VINCZE, ANDREA  
Address ROUTE DE LA CORNICHE 3B  
City-State-Zip: EPALINGES 1066

*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: DULCE GONCALVES**

**SECRETARY**

**02/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date