

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000001271

**Entity Name:** C2 THERAPEUTICS, INC.

**Current Principal Place of Business:**

303 CONVENTION WAY, SUITE 1  
REDWOOD CITY, CA 94063

**Current Mailing Address:**

303 CONVENTION WAY, SUITE 1  
REDWOOD CITY, CA 94063 US

**FEI Number:** 33-1160078

**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 P  
Name MEZA, PETER G  
Address 303 CONVENTION WAY, SUITE 1  
City-State-Zip: REDWOOD CITY CA 94063

Title CFO  
Name WILLIAMS, RICK  
Address 303 CONVENTION WAY, SUITE 1  
City-State-Zip: REDWOOD CITY CA 94063

Title DIRECTOR  
Name WOODS, DAVID  
Address 303 CONVENTION WAY, SUITE 1  
City-State-Zip: REDWOOD CITY CA 94063

Title DIRECTOR  
Name BOTTERO, GERRY  
Address 303 CONVENTION WAY, SUITE 1  
City-State-Zip: REDWOOD CITY CA 94063

Title DIRECTOR  
Name KISHI, TOMOKAZU  
Address 303 CONVENTION WAY, SUITE 1  
City-State-Zip: REDWOOD CITY CA 94063

*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:** RICK WILLIAMS

CFO

04/28/2017

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

\_\_\_\_\_ Date