

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000000185

Entity Name: PARVUS THERAPEUTICS INC.**Current Principal Place of Business:**122A, 3553 31ST STREET NW
CALGARY, ALBERTA
T2L 2K7,**Current Mailing Address:**119, 3553 31ST STREET NW
CALGARY, ALBERTA
T2L 2K7, CA**FEI Number:** 98-1364903**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LECOCQ, JANICE M
9681 WAWBEEK RD
CENTURY, FL 32535 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	CP
Name	LECOCQ, JANICE M
Address	9681 WAWBEEK RD
City-State-Zip:	CENTURY FL 32535

Title	DCSO
Name	SANTAMARIA, PERE
Address	6923 CHRISTIE ESTATES BLVD. SW CALGARY
City-State-Zip:	ALBERTA, T3H 2S3, CANADA AL

Title	VP OF OPERATIONS
Name	COWAN, JORD
Address	36 FAIRWAY CRESCENT SE
City-State-Zip:	CALGARY, ALBERTA, T2H 0Z6

Title	D.
Name	SULIMAN, SHEHNAAZ
Address	102 LOMA VISTA DR
City-State-Zip:	BURLINGAME CA 94010

Title	D.
Name	HEFT, ROBERT
Address	141 FAIRVIEW
City-State-Zip:	DOLLARD-DES-ORMEAUX QUEBEC H9A 1V5

Title	VICE PRESIDENT FINANCE
Name	HINZ, MURRAY
Address	CHINOOK RPO PO BOX 30303
City-State-Zip:	CALGARY AB T2H2W1

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: MURRAY HINZ

VP FINANCE

04/10/2018

Electronic Signature of Signing Officer/Director Detail_____
Date