

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000004105

Entity Name: AGILE THERAPEUTICS, INC.

Current Principal Place of Business:

101 POOR FARM ROAD
PRINCETON, NJ 08540

Current Mailing Address:

101 POOR FARM ROAD
PRINCETON, NJ 08540 US

FEI Number: 23-2936302

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CEO, CHAIRMAN
Name ALTOMARI, ALFRED
Address 101 POOR FARM ROAD
City-State-Zip: PRINCETON NJ 08540

Title DIRECTOR
Name HUBBARD, JOHN PH.D, FCP
Address 101 POOR FARM ROAD
City-State-Zip: PRINCETON NJ 08540

Title DIRECTOR
Name FISCHER, SETH H.Z.
Address 101 POOR FARM ROAD
City-State-Zip: PRINCETON NJ 08540

Title GENERAL COUNSEL
Name GILMORE, GEOFFREY
Address 101 POOR FARM ROAD
City-State-Zip: PRINCETON NJ 08540

Title DIRECTOR
Name TURSI, JAMES P M.D.
Address 101 POOR FARM ROAD
City-State-Zip: PRINCETON NJ 08540

Title DIRECTOR
Name SHETTY, AJIT S PH.D
Address 101 POOR FARM ROAD
City-State-Zip: PRINCETON NJ 08540

Title SVP, CFO
Name REILLY, DENNIS P
Address 101 POOR FARM ROAD
City-State-Zip: PRINCETON NJ 08540

Title SVP, CHIEF SUPPLY CHAIN OFFICER
Name CONWAY, ROBERT G
Address 101 POOR FARM ROAD
City-State-Zip: PRINCETON NJ 08540

Continues on page 2

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: GEOFFREY GILMORE

GENERAL COUNSEL

03/09/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CARSON, SANDRA
Address 101 POOR FARM ROAD
City-State-Zip: PRINCETON NJ 08540

Title CHIEF MEDICAL OFFICER
Name KORNER, PAUL
Address 101 POOR FARM ROAD
City-State-Zip: PRINCETON NJ 08540

Title DIRECTOR
Name BARBARI, SHARON
Address 101 POOR FARM ROAD
City-State-Zip: PRINCETON NJ 08540

Title CHIEF ACCOUNTING OFFICER
Name BUTCH, JASON
Address 101 POOR FARM ROAD
City-State-Zip: PRINCETON NJ 08540