2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000000111

Entity Name: AKEBIA THERAPEUTICS, INC.

Current Principal Place of Business:

245 FIRST STREET CAMBRIDGE, MA 02142

Current Mailing Address:

245 FIRST STREET CAMBRIDGE, MA 02142 US

FEI Number: 20-8756903

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

FILED Jan 14, 2020

Secretary of State

0809555397CC

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	DCP	Title	PCEO
Name	ADAMS, ADRIAN	Name	BUTLER, JOHN P
Address	245 FIRST STREET	Address	245 FIRST STREET
City-State-Zip:	CAMBRIDGE MA 02142	City-State-Zip:	CAMBRIDGE MA 02142
Title	D	Title	D
Name	ENYEDY, MARK J	Name	GILMAN, STEVEN C
Address	245 FIRST STREET	Address	245 FIRST STREET
City-State-Zip:	CAMBRIDGE MA 02142	City-State-Zip:	CAMBRIDGE MA 02142
Title	D	Title	SECRETARY
Name	GOWEN, MAXINE	Name	HADAS, NICOLE R
Address	245 FIRST STREET	Address	245 FIRST STREET
City-State-Zip:	CAMBRIDGE MA 02142	City-State-Zip:	CAMBRIDGE MA 02142
Name Address City-State-Zip: Title Name Address	ENYEDY, MARK J 245 FIRST STREET CAMBRIDGE MA 02142 D GOWEN, MAXINE 245 FIRST STREET	Address City-State-Zip: Title Name Address	245 FIRST STREET CAMBRIDGE MA 02142 SECRETARY HADAS, NICOLE R 245 FIRST STREET

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: NICOLE R HADAS

SECRETARY

01/14/2020

Electronic Signature of Signing Officer/Director Detail

Date