

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000000156

**Entity Name:** VERRICA PHARMACEUTICALS INC.

**Current Principal Place of Business:**

44 WEST GAY STREET  
SUITE 400  
WEST CHESTER, PA 19380

**Current Mailing Address:**

44 WEST GAY STREET  
SUITE 400  
WEST CHESTER, PA 19380 US

**FEI Number:** 46-3137900

**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 DIRECTOR  
Name MANNING, PAUL B  
Address 44 WEST GAY STREET  
SUITE 400  
City-State-Zip: WEST CHESTER PA 19380

Title DIRECTOR  
Name PRYGOCKI, MARK  
Address 44 WEST GAY STREET  
SUITE 400  
City-State-Zip: WEST CHESTER PA 19380

Title DIRECTOR  
Name STALFORD, SEAN  
Address 44 WEST GAY STREET  
SUITE 400  
City-State-Zip: WEST CHESTER PA 19380

Title CHIEF MEDICAL OFFICER  
Name GOLDENBERG, GARY MD  
Address 44 WEST GAY STREET  
SUITE 400  
City-State-Zip: WEST CHESTER PA 19380

Title D/P/CEO  
Name WHITE, TED  
Address 44 WEST GAY STREET, SUITE 400  
City-State-Zip: WEST CHESTER PA 19380

Title CFO  
Name KOHLER, PAUL TERRANCE  
Address 44 WEST GAY STREET, SUITE 400  
City-State-Zip: WEST CHESTER PA 19380

Title CCO  
Name BONACCORSO, JOE  
Address 44 WEST GAY STREET, SUITE 400  
City-State-Zip: WEST CHESTER PA 19380

Title DIRECTOR  
Name BALLARON, CRAIG  
Address 44 WEST GAY STREET, SUITE 400  
City-State-Zip: WEST CHESTER PA 19380

**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:** CHRISTOPHER G HAYES

**CHIEF LEGAL OFFICER**

**03/08/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CHIEF LEGAL OFFICER  
Name HAYES, CHRISTOPHER G  
Address 44 WEST GAY STREET, SUITE 400  
City-State-Zip: WEST CHESTER PA 19380

Title DIRECTOR  
Name NGUYEN, DIEM  
Address 44 WEST GAY STREET, SUITE 400  
City-State-Zip: WEST CHESTER PA 19380

Title DIRECTOR  
Name EICHENFIELD, LAWRENCE  
Address 44 WEST GAY STREET, SUITE 400  
City-State-Zip: WEST CHESTER PA 19380