

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000002616

Entity Name: MAKANA THERAPEUTICS, INC.**Current Principal Place of Business:**3388 MIKE COLLINS DRIVE #1
EAGAN, MN 55121**Current Mailing Address:**3388 MIKE COLLINS DRIVE #1
EAGAN, MN 55121 US**FEI Number: 84-2904179****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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, DIRECTOR, PRESIDENT
Name PLATT, MARK
Address 3388 MIKE COLLINS DRIVE #1
City-State-Zip: EAGAN MN 55121

Title SECRETARY
Name BURTIS, JOHN
Address 3388 MIKE COLLINS DRIVE #1
City-State-Zip: EAGAN MN 55121

Title DIRECTOR
Name TECTOR, JOSEPH
Address 3388 MIKE COLLINS DRIVE #1
City-State-Zip: EAGAN MN 55121

Title DIRECTOR
Name HAJAS, PETER
Address 3388 MIKE COLLINS DRIVE #1
City-State-Zip: EAGAN MN 55121

Title DIRECTOR
Name DASSE, KURT
Address 3388 MIKE COLLINS DRIVE #1
City-State-Zip: EAGAN MN 55121

Title DIRECTOR
Name LARGAESPADA, DAVID
Address 3388 MIKE COLLINS DRIVE #1
City-State-Zip: EAGAN MN 55121

Title TREASURER
Name ABERLE, DAVID
Address 3388 MIKE COLLINS DRIVE #1
City-State-Zip: EAGAN MN 55121

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: MARK PLATT**DIRECTOR****02/22/2023**

Electronic Signature of Signing Officer/Director Detail

Date