2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000000834

Entity Name: BIOCRYST PHARMACEUTICALS, INC.

Current Principal Place of Business:

4505 EMPEROR BOULEVARD

SUITE 200

DURHAM, NC 27703

Current Mailing Address:

4505 EMPEROR BOULEVARD

SUITE 200

DURHAM, NC 27703 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

Electronic Signature of 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:

Officer/Director Detail:

Title SECRETARY Title TREASURER/CFO

Name BARNES, ALANE Name DOYLE, ANTHONY

Address 4505 EMPEROR BOULEVARD Address 4505 EMPEROR BOULEVARD

SUITE 200 SUITE 200

City-State-Zip: DURHAM NC 27703 City-State-Zip: DURHAM NC 27703

Title PRESIDENT/CEO Title DIRECTOR

Name STONEHOUSE, JON P. Name MILANO, VINCENT

Address 4505 EMPEROR BOULEVARD Address 4505 EMPEROR BOULEVARD

SUITE 200 SUITE 200

City-State-Zip: DURHAM NC 27703 City-State-Zip: DURHAM NC 27703

Title DIRECTOR Title DIRECTOR

Name MCKEE, AMY Name GALSON, STEVEN

Address 4505 EMPEROR BOULEVARD Address 4505 EMPEROR BOULEVARD

SUITE 200 SUITE 200

City-State-Zip: DURHAM NC 27703 City-State-Zip: DURHAM NC 27703

Title DIRECTOR Title DIRECTOR

Name LEE, JR., KENNETH B. Name INGRAM, ROBERT

Address 4505 EMPEROR BOULEVARD Address 4505 EMPEROR BOULEVARD

SUITE 200 SUITE 200

City-State-Zip: DURHAM NC 27703 City-State-Zip: DURHAM NC 27703

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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: BARNES, ALANE SECRETARY 03/02/2023

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 02, 2023

Secretary of State

2415921756CC

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name LEVIN, ALAN Name HUTSON, NANCY J.

Address 4505 EMPEROR BOULEVARD Address 4505 EMPEROR BOULEVARD

SUITE 200 SUITE 200

City-State-Zip: DURHAM NC 27703 City-State-Zip: DURHAM NC 27703

Title DIRECTOR Title DIRECTOR

Name HEGGIE, THERESA Name ASELAGE, STEPHEN

Address 4505 EMPEROR BOULEVARD Address 4505 EMPEROR BOULEVARD

SUITE 200 SUITE 200

City-State-Zip: DURHAM NC 27703 City-State-Zip: DURHAM NC 27703

Title DIRECTOR Title DIRECTOR

Name ABERCROMBIE, GEORGE Name STONEHOUSE, JON P.

Address 4505 EMPEROR BOULEVARD Address 4505 EMPEROR BOULEVARD

SUITE 200 SUITE 200

City-State-Zip: DURHAM NC 27703 City-State-Zip: DURHAM NC 27703

Title CLO Title VP

Name BARNES, ALANE Name GAYER, CHARLES

Address 4505 EMPEROR BOULEVARD Address 4505 EMPEROR BOULEVARD

SUITE 200 SUITE 200

City-State-Zip: DURHAM NC 27703 City-State-Zip: DURHAM NC 27703

Title VP Title SENIOR VICE PRESIDENT

Name SHERIDAN, WILLIAM Name BARNES, ALANE

Address 4505 EMPEROR BOULEVARD Address 4505 EMPEROR BOULEVARD

SUITE 200 SUITE 200

City-State-Zip: DURHAM NC 27703 City-State-Zip: DURHAM NC 27703