

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000004870

Entity Name: FARADAY PHARMACEUTICALS, INC.

Current Principal Place of Business:

1616 EASTLAKE AVE. E, STE. 560
SEATTLE, WA 98102

Current Mailing Address:

1616 EASTLAKE AVE. E, STE. 560
SEATTLE, WA 98102 US

FEI Number: 46-4705309

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 D
Name HILL, STEPHEN A M.D.
Address 1616 EASTLAKE AVE. E, STE. 560
City-State-Zip: SEATTLE WA 98102

Title D
Name GOZLAN, LAWRENCE
Address 1616 EASTLAKE AVE. E, STE. 560
City-State-Zip: SEATTLE WA 98102

Title PD
Name ROTH, MARK B PH.D.
Address 1616 EASTLAKE AVE. E, STE. 560
City-State-Zip: SEATTLE WA 98102

Title D
Name GILLIS, STEVEN B PH.D.
Address 1616 EASTLAKE AVE. E, STE. 560
City-State-Zip: SEATTLE WA 98102

Title D
Name MCGUIRE, TERRY
Address 1616 EASTLAKE AVE. E, STE. 560
City-State-Zip: SEATTLE WA 98102

Title SGC
Name ROCK, PATRICK C J.D.
Address 1616 EASTLAKE AVE. E, STE. 560
City-State-Zip: SEATTLE WA 98102

Title CFO
Name BLACKMAN, BRIAN
Address 1616 EASTLAKE AVE. E, STE. 560
City-State-Zip: SEATTLE WA 98102

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: BRIAN BLACKMAN

CFO

02/28/2024

Electronic Signature of Signing Officer/Director Detail

Date