

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000005479

**Entity Name:** LATTICE THERAPEUTICS, INC.

**Current Principal Place of Business:**

660 QUINCE ORCHARD RD  
STE #1037  
GAITHERSBURG, MD 20878

**Current Mailing Address:**

660 QUINCE ORCHARD RD  
STE #1037  
GAITHERSBURG, MD 20878 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN STREET  
SUITE 4  
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            PRESIDENT, DIRECTOR  
Name            MCTAMNEY, PATRICK MICHAEL II  
Address        4314 13TH PL. N.E.  
City-State-Zip: WASHINGTON DC 20017

Title            DIRECTOR, SECRETARY,  
                    TREASURER  
Name            DASILVA, JACK GUY  
Address        1070 S.W. 46TH AVE., APT. #108  
City-State-Zip: POMPANO BEACH FL 33069

Title            DIRECTOR  
Name            COWAN, JEFF  
Address        4401 GULF SHORE BLVD  
                    UNIT #1503  
City-State-Zip: NAPLES FL 34103

*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:** JACK DASILVA

MR.

04/18/2023

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

\_\_\_\_\_  
Date