2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

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Entity Name: SHORE THERAPEUTICS, INC.

Current Principal Place of Business:

177 BROAD ST SUITE 1101
STAMFORD, CT 06901

New Principal Place of Business:

Current Mailing Address:

177 BROAD ST SUITE 1101
STAMFORD, CT 06901

New Mailing Address:

FEI Number: 36-4678520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC
155 OFFICE PLAZA DR SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: DAVIS, TODD
Address: 83 OLD KINGS HWY SOUTH
City-St-Zip: DARIEN, CT 06820

Title: S
Name: FUTCH, CLARKE
Address: 9 TINKER LANE
City-St-Zip: GREENWICH, CT 06830

Title: T
Name: HADDEN, PAUL
Address: 200 E 90TH ST APT 20G
City-St-Zip: NEW YORK, NY 10128

Title: D
Name: LIBRIE, JOHN
Address: 28 CORNELL RD
City-St-Zip: NEW FAIRFIELD, CT 06812

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: JOHN LIBRIE GM 01/04/2012

Electronic Signature of Signing Officer or Director — Date