

F16000005372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

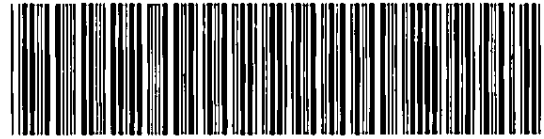
(Business Entity Name)

(Document Number)

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JUN 1 2021

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 06/14/2021

Acc#120160000072

*en: c DW*

Name:	Veru Inc.
Document #:	
Order #:	13569564

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 35.00

Thank you!

**COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Veru Inc.

\_\_\_\_\_  
Name of Corporation

DOCUMENT NUMBER: F16000005372

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lance Farris

\_\_\_\_\_  
Name of Contact Person

CT Corporation

\_\_\_\_\_  
Firm/Company

120 South Central Avenue, Suite 400

\_\_\_\_\_  
Address

Clayton, MO 63123

\_\_\_\_\_  
City/State and Zip Code

Lance.Farris@wolterskluwer.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lance Farris

at ( 314 ) 236-3960

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F16000005372

(Document number of corporation (if known))

1. VERU INC.  
(Name of corporation as it appears on the records of the Department of State)
2. Wisconsin 3. 12/05/2016  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Please see next page for complete 1		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Lance Farris - POA

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Lance Farris

(Typed or printed name of person signing)

POA

(Title of person signing)

**FILING FEE \$35.00**

<b>Name</b>	<b>Title</b>	<b>Title Role</b>
Antillon, Aafine	Vice President	Officer
Barnette, Gary	CSO	Officer
Bird, Gary	Executive Vice President	Officer
Eisenberger, Mario	Director	Director
Fisch, Harry	Vice Chairman	Director
Fisch, Harry	CCO	Officer
Getzenberg, Robert	Executive Vice President	Officer
Gilbert, Kevin	Assistant Secretary	Officer
Gilbert, Kevin	Executive Vice President	Officer
Greco, Michele	CFO/CAO	Officer
Greenberg, Philip	Assistant Secretary	Officer
Greenberg, Philip	Executive Vice President	Officer
Hyun, Grace MD	Director	Director
Kuhn, Phillip	Executive Vice President	Officer
Purvis, Michael	Executive Vice President	Officer
Purvis, Michael	Secretary	Officer
Rankowitz, Michael	Director	Director
Rawson, Alistair	Executive Vice President	Officer
Rodriguez, Domingo	Executive Vice President	Officer
Socorro, Jesus	Director	Director
Steiner, Mitchell S. MD	Chairman	Director
Steiner, Mitchell S. MD	President / CEO	Officer
Taylor, Martin	Executive Vice President	Officer