

2/10/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION****BioCryst Pharmaceuticals, Inc.**

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

Help

534  
2/12/21

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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

BioCryst Pharmaceuticals, Inc.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/15/1991 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4505 Emperor Blvd., Ste. 200, Durham, NC 27703-8457  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, 33324  
(City) , Florida (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System

By: Michael Scruphin

Michael Scruphin, Asst. Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors: *SEE ATTACHMENT***A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: George Abercrombie

Address: 4505 Emperor Blvd., Ste. 200

Durham, NC 27703-8457

Director: Stephen Aselage

Address: 4505 Emperor Blvd., Ste. 200

Durham, NC 27703-8457

**B. OFFICERS**

President: Jon P. Stonehouse

Address: 4505 Emperor Blvd., Ste. 200

Durham, NC 27703-8457

Vice President: Yarlagadda Babu

Address: 4505 Emperor Blvd., Ste. 200

Durham, NC 27703-8457

Secretary: Alane Barnes

Address: 4505 Emperor Blvd., Ste. 200, Durham, NC 27703-8457

Treasurer: Anthony Doyle

Address: 4505 Emperor Blvd., Ste. 200, Durham, NC 27703-8457

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. Alane Barnes  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Alane Barnes, Secretary, Sr. VP and Chief Legal Officer

(Typed or printed name and capacity of person signing application)

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**11: Additional names and business addresses of officers and/or directors:**

First Name: Alane  
Last Name: Barnes  
Title: CLO & Senior Vice President  
Address: 4505 Emperor Blvd., Ste. 200  
City: Durham  
State: NC  
Zip Code: 27703-8457  
Country: USA

First Name: Charles  
Last Name: Gayer  
Title: Senior Vice President  
Address: 4505 Emperor Blvd., Ste. 200  
City: Durham  
State: NC  
Zip Code: 27703-8457  
Country: USA

First Name: William  
Last Name: Sheridan  
Title: Senior Vice President  
Address: 4505 Emperor Blvd., Ste. 200  
City: Durham  
State: NC  
Zip Code: 27703-8457  
Country: USA

First Name: Megan  
Last Name: Sniecinski  
Title: Chief Business Officer  
Address: 4505 Emperor Blvd., Ste. 200  
City: Durham  
State: NC  
Zip Code: 27703-8457  
Country: USA

First Name: Theresa  
Last Name: Heggie  
Title: Director  
Address: 4505 Emperor Blvd., Ste. 200  
City: Durham  
State: NC  
Zip Code: 27703-8457  
Country: USA

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First Name: Nancy  
Middle Name: J.  
Last Name: Hutson  
Title: Director  
Address: 4505 Emperor Blvd., Ste. 200  
City: Durham  
State: NC  
Zip Code: 27703-8457  
Country: USA

First Name: Kenneth  
Middle Name: B.  
Last Name: Lee  
Suffix: Jr.  
Title: Director  
Address: 4505 Emperor Blvd., Ste. 200  
City: Durham  
State: NC  
Zip Code: 27703-8457  
Country: USA

First Name: Jon  
Middle Name: P.  
Last Name: Stonehouse  
Title: Director  
Address: 4505 Emperor Blvd., Ste. 200  
City: Durham  
State: NC  
Zip Code: 27703-8457  
Country: USA

First Name: Robert  
Last Name: Ingram  
Title: Director  
Address: 4505 Emperor Blvd., Ste. 200  
City: Durham  
State: NC  
Zip Code: 27703-8457  
Country: USA

First Name: Alan  
Last Name: Levin  
Title: Director  
Address: 4505 Emperor Blvd., Ste. 200  
City: Durham  
State: NC  
Zip Code: 27703-8457

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Country USA

First Name: Helen

Last Name: Thackray

Title: Director

Address: 4505 Emperor Blvd., Ste. 200

City: Durham

State: NC

Zip Code: 27703-8457

Country USA

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOCRYST PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2280050 8300

SR# 20210406328

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202484341

Date: 02-10-21