

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001754

Entity Name: KADMON PHARMACEUTICALS, LLC**Current Principal Place of Business:**119 COMMONWEALTH DR.
WARRENDALE, PA 15086**Current Mailing Address:**119 COMMONWEALTH DR.
WARRENDALE, PA 15086**FEI Number:** 25-1859179**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Authorized Person(s) Detail :**Title** SENIOR VICE PRESIDENT
OPERATIONS**Name** SHEEHY, CHRISTINE**Address** 119 COMMONWEALTH DRIVE**City-State-Zip:** WARRENDALE PA 15086**Title** PRESIDENT & CHIEF EXECUTIVE
OFFICER**Name** WAKSAL, HARLAN DR.**Address** 450 EAST 29TH STREET**City-State-Zip:** NEW YORK NY 10016**Title** SENIOR VICE PRESIDENT, BUSINESS
DEVELOPMENT AND OPERATIONS**Name** COHEN, LAWRENCE**Address** 450 EAST 29TH STREET**City-State-Zip:** NEW YORK NY 10016**Title** CHIEF MEDICAL OFFICER**Name** RYAN, JOHN DR.**Address** 450 EAST 29TH STREET**City-State-Zip:** NEW YORK NY 10016**Title** GENERAL COUNSEL, CHIEF
ADMINISTRATIVE, LEGAL AND
COMPLIANCE OFFICER AND
COMPANY SECRETARY**Name** GORDON, STEVE**Address** 450 EAST 29TH ST**City-State-Zip:** NEW YORK NY 10016**Title** CFO**Name** POUKALOV, KONSTANTIN**Address** 450 EAST 29TH STREET**City-State-Zip:** NEW YORK NY 10016**Title** CHIEF COMMERCIAL OFFICER**Name** HEYMAN, EVA**Address** 450 EAST 29TH STREET**City-State-Zip:** NEW YORK NY 10016**Title** EXECUTIVE VICE PRESIDENT,
BIOLOGICS**Name** ZHU, ZHENPING DR.**Address** 450 EAST 29TH STREET**City-State-Zip:** NEW YORK NY 10016**Continues on page 2**

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINE SHEEHY**SENIOR VICE PRESIDENT** 04/14/2016
OPERATIONS

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	EXECUTIVE VICE PRESIDENT, RESEARCH AND DEVELOPMENT
Name	WITTE, LARRY DR.
Address	450 EAST 29TH STREET
City-State-Zip:	NEW YORK NY 10016