

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000008913

Entity Name: HORIZON PHARMA RHEUMATOLOGY LLC

Current Principal Place of Business:

3411 SILVERSIDE ROAD
RODNEY BLDG, SUITE 104
WILMINGTON, DE 19810

Current Mailing Address:

3411 SILVERSIDE ROAD
RODNEY BLDG, SUITE 104
WILMINGTON, DE 19810 US

FEI Number: 46-3300360

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MEMBER	Title	MEMBER
Name	WALBERT, TIMOTHY P	Name	HOELSCHER, PAUL W
Address	308 COURTLAND AVENUE	Address	1648 LONGVALLEY DRIVE
City-State-Zip:	PARK RIDGE IL 60068	City-State-Zip:	NORTHBROOK IL 60062

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: PAUL W. HOELSCHER

MEMBER

01/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date