

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000590

**Entity Name:** CIRCASSIA PHARMACEUTICALS INC.

**Current Principal Place of Business:**

5151 MCCRIMMON PKWY  
STE 260  
MORRISVILLE, NC 27560

**FILED**  
**Apr 27, 2021**  
**Secretary of State**  
**1437541209CC**

**Current Mailing Address:**

5151 MCCRIMMON PKWY  
STE 260  
MORRISVILLE, NC 27560

**FEI Number:** 41-2032037

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Officer/Director Detail :**

Title           DIRECTOR, TREASURER  
Name           ROLLER, MICHAEL  
Address        NORTHBROOK HOUSE, ROBERT  
                  ROBINSON AVENUE  
                  THE OXFORD SCIENCE PARK  
City-State-Zip: OXFORD OX4 4GA

Title           PRESIDENT  
Name           JOHNSON, IAN  
Address        NORTHBROOK HOUSE, ROBERT  
                  ROBINSON AVENUE  
                  THE OXFORD SCIENCE PARK  
City-State-Zip: OXFORD OX4 4GA

Title           SECRETARY  
Name           WYSOCKI, JAMES  
Address        5151 MCCRIMMON PKWY  
                  STE 260  
City-State-Zip: MORRISVILLE NC 27560

Title           VP  
Name           HILL, JEFFREY  
Address        5151 MCCRIMMON PKWY  
                  STE 260  
City-State-Zip: MORRISVILLE NC 27560

*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: JAMES WYSOCKI**

**SECRETARY**

**04/27/2021**

Electronic Signature of Signing Officer/Director Detail

Date