

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002453

Entity Name: ADARE PHARMACEUTICALS, INC.

Current Principal Place of Business:

1200 LENOX DRIVE, SUITE 100
LAWRENCEVILLE, NJ 08648

Current Mailing Address:

1200 LENOX DRIVE, SUITE 100
LAWRENCEVILLE, NJ 08648 US

FEI Number: 31-0988732

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

Officer/Director Detail :

Title VP
Name DI VINCENZO, GIUSEPPE
Address 1200 LENOX DRIVE, SUITE 100
City-State-Zip: LAWRENCEVILLE NJ 08648

Title PRESIDENT, TREASURER
Name VALENTINO, MARK
Address 1200 LENOX DRIVE, SUITE 100
City-State-Zip: LAWRENCEVILLE NJ 08648

Title SECRETARY
Name LINDENFELDAR, RUSSELL
Address 1200 LENOX DRIVE, SUITE 100
City-State-Zip: LAWRENCEVILLE NJ 08648

Title DIRECTOR
Name VALENTINO, MARK
Address 1200 LENOX DRIVE, SUITE 100
City-State-Zip: LAWRENCEVILLE NJ 08648

Title DIRECTOR
Name DI VINCENZO, GIUSEPPE
Address 1200 LENOX DRIVE, SUITE 100
City-State-Zip: LAWRENCEVILLE NJ 08648

Title DIRECTOR
Name LINDENFELDAR, RUSSELL
Address 1200 LENOX DRIVE, SUITE 100
City-State-Zip: LAWRENCEVILLE NJ 08648

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: RUSSELL LINDENFELDAR

SECRETARY

04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date