

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000003133

Entity Name: SYNEXUS CLINICAL RESEARCH US, INC.**Current Principal Place of Business:**929 N FRONT ST
WILLMINGTON, NC 28401**Current Mailing Address:**168 THIRD AVE
WALTHAM, MA 02451 US**FEI Number:** 94-3150948**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVENUE 2ND FLOOR
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 ASSISTANT SECRETARY
Name GEROCK , HENRY W III
Address 929 N FRONT ST
City-State-Zip: WILLMINGTON NC 28401

Title ASSISTANT SECRETARY
Name BRUNI, JAMES E
Address 300 INDUSTRY DR
City-State-Zip: PITTSBURGH PA 15275

Title ASSISTANT TREASURER
Name SPELLMAN, MAURA A
Address 168 THIRD AVE
City-State-Zip: WALTHAM MA 02451

Title ASSISTANT SECRETARY
Name MICHAUD, MICHAEL K
Address 168 THIRD AVE
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR
Name SMITH, ANTHONY H
Address 168 THIRD AVE
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR, SECRETARY
Name CHEN, JULIA L
Address 168 THIRD AVE
City-State-Zip: WALTHAM MA 02451

Title ASSISTANT SECRETARY
Name CURET, AGUSTINA
Address 3900 PARAMOUNT PKWY
City-State-Zip: MORRISVILLE NC 27560

Title TREASURER, CFO
Name MOORE, AUDRA
Address 27 FORGE PARKWAY
City-State-Zip: FRANKLIN MA 02038

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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 E BRUNI**ASSISTANT SECRETARY 04/27/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name GONCALVES, RAQUEL FEITOSA
Address 5781 VAL ALLEN WAY
City-State-Zip: CARLSBAD CA 92008

Title PRESIDENT
Name LOPES, VICTOR
Address SANDRINGHAM HOUSE
ACKHURST BUSINESS PARK,
FOXHOLE RD
City-State-Zip: CHORLEY LANCASHIRE PR7 1NY