

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000003436

Entity Name: RENAISSANCE PHARMA (U.S.) HOLDINGS, INC.

Current Principal Place of Business:

272 E. DEERPATH, SUITE 220
LAKE FOREST, IL 60045-5326

Current Mailing Address:

318 MCCULLOUGH
ATTN: FINANCE
SAN ANTONIO, TX 78215 US

FEI Number: 45-3763001

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 P/D
Name FRECHETTE, PIERRE
Address 1790 RIO
City-State-Zip: BROSSARD QUEBEC J4X-2RA

Title ASAT
Name KOO, DAVID J
Address 1834 N. WOLCOTT AVENUE
City-State-Zip: CHICAGO IL 60622

Title D
Name DORMAN, HENRY PAUL
Address 1504 SHADY OAK LANE
City-State-Zip: FORT WORTH TX 76107

Title DIRECTOR
Name KNIGHT, LESTER B
Address 155 THORN TREE LANE
City-State-Zip: WINNETKA IL 60093

Title S
Name WOOLGAR, CHRISTINE
Address 280 DE LA MARINE BLVD.
City-State-Zip: VARENNES, QUEBEC, CANADA J3X-284

Title D
Name DAMICO, JOSEPH FRANCIS
Address 1388 W. LAKE ST.
City-State-Zip: LIBERTYVILLE IL 60048-1730

Title D
Name FEIK, JOHN WILLIAM
Address 221 GENESEO
City-State-Zip: SAN ANTONIO TX 78209

Title DIRECTOR
Name LEA, MAXWELL A
Address 3909 MODLIN AVENUE
City-State-Zip: FORT WORTH TX 76107

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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: CHRISTINE WOOLGAR

SECRETARY

03/02/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCGINLEY, JACK L
Address 275 N GREEN BAY ROAD
City-State-Zip: LAKE FOREST IL 60045

Title DIRECTOR
Name UTTS, JAMES E
Address 441 THORNE LANE
City-State-Zip: LAKE FOREST IL 60045

Title DIRECTOR
Name LAMARRE, GUY G
Address 85, CH NARROW'S
City-State-Zip: CANTON DE STANSTEAD QUEBEC J1X 3W4