

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003436

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

**Current Principal Place of Business:**

272 E. DEERPATH, SUITE 208  
LAKE FOREST, IL 60045-5326

**FILED**  
**Jan 07, 2015**  
**Secretary of State**  
**CC4103369747**

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

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

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

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

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

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

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**

**01/07/2015**

\_\_\_\_\_  
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