

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002846

Entity Name: NNE PHARMAPLAN, INC.**Current Principal Place of Business:**3005 CARRINGTON MILL BLVD,SUITE 380
MORRISVILLE, NC 27560**Current Mailing Address:**3005 CARRINGTON MILL BLVD,SUITE 380
MORRISVILLE, NC 27560 US**FEI Number:** 56-2009773**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	TREASURER
Name	JOHNSTON, ERIN
Address	3005 CARRINGTON MILL BLVD,SUITE 380
City-State-Zip:	MORRISVILLE NC 27560

Title	DIRECTOR
Name	KLEVE, JESPER
Address	3005 CARRINGTON MILL BLVD,SUITE 380
City-State-Zip:	MORRISVILLE NC 27560

Title	SECRETARY/DIRECTOR
Name	OLTMANS, CURTIS G.
Address	3005 CARRINGTON MILL BLVD,SUITE 380
City-State-Zip:	MORRISVILLE NC 27560

Title	PRESIDENT/DIRECTOR
Name	PETERSON, BOB BROWN
Address	3005 CARRINGTON MILL BLVD,SUITE 380
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: CURTIS G. OLTMANS**SECRETARY****03/31/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date