

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000003235

**Entity Name:** MAYNE PHARMA, INC.

**Current Principal Place of Business:**

3301 BENSON DR  
STE 401  
RALEIGH, NC 27609

**Current Mailing Address:**

3301 BENSON DR  
STE 401  
RALEIGH, NC 27609 US

**FEI Number:** 56-1870457

**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 SECRETARY  
Name OFFFIELD, RICHARD  
Address 3301 BENSON DR  
STE 401  
City-State-Zip: RALEIGH NC 27609

Title TREASURER  
Name OFFFIELD, RICHARD  
Address 3301 BENSON DR  
STE 401  
City-State-Zip: RALEIGH NC 27609

Title DIRECTOR  
Name ROSS, JOHN  
Address 3301 BENSON DR  
STE 401  
City-State-Zip: RALEIGH NC 27609

Title DIRECTOR  
Name RICHARDS, SCOTT  
Address 3301 BENSON DR  
STE 401  
City-State-Zip: RALEIGH NC 27609

Title PRESIDENT  
Name ROSS, JOHN  
Address 3301 BENSON DR  
STE 401  
City-State-Zip: RALEIGH NC 27609

Title CEO  
Name RICHARDS, SCOTT  
Address 3301 BENSON DR  
STE 401  
City-State-Zip: RALEIGH NC 27609

*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:** SCOTT RICHARDS

CEO

03/28/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date