

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000005304

**Entity Name:** KERYX BIOPHARMACEUTICALS, INC.

**Current Principal Place of Business:**

245 FIRST STREET  
C/O AKEBIA THERAPEUTICS, INC.  
CAMBRIDGE, MA 02142

**Current Mailing Address:**

245 FIRST STREET  
C/O AKEBIA THERAPEUTICS, INC.  
CAMBRIDGE, MA 02142 US

**FEI Number:** 13-4087132

**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           DIRECTOR  
Name           BUTLER, JOHN P.  
Address        245 FIRST STREET  
                  C/O AKEBIA THERAPEUTICS, INC.  
City-State-Zip: CAMBRIDGE MA 02142

Title           PRESIDENT & SECRETARY  
Name           HADAS, NICOLE R.  
Address        245 FIRST STREET  
                  C/O AKEBIA THERAPEUTICS, INC.  
City-State-Zip: CAMBRIDGE MA 02142

Title           TREASURER  
Name           SNOW, ELLEN  
Address        245 FIRST STREET  
City-State-Zip: CAMBRIDGE MA 02142

*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:** NICOLE HADAS

**SECRETARY**

**07/13/2023**

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

\_\_\_\_\_  
Date