

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002656

Entity Name: ZYLA LIFE SCIENCES US INC.

Current Principal Place of Business:

600 LEE ROAD
SUITE 100
WAYNE, PA 19087

FILED
May 29, 2020
Secretary of State
4593114691CC

Current Mailing Address:

600 LEE ROAD
SUITE 100
WAYNE, PA 19087 US

FEI Number: 46-1236649

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S 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 SVP/GENERAL
COUNSEL/SECRETARY
Name TIMMINS, MEGAN
Address 600 LEE ROAD
SUITE 100
City-State-Zip: WAYNE PA 19087

Title DIRECTOR
Name SMITH, TODD
Address 600 LEE ROAD
SUITE 100
City-State-Zip: WAYNE PA 19087

Title PRESIDENT/CEO
Name SMITH, TODD
Address 600 LEE ROAD
SUITE 100
City-State-Zip: WAYNE PA 19087

Title DIRECTOR
Name PAULS, MATTHEW
Address 600 LEE ROAD
SUITE 100
City-State-Zip: WAYNE PA 19087

Title DIRECTOR
Name MCINNIS, JOE
Address 600 LEE ROAD
SUITE 100
City-State-Zip: WAYNE PA 19087

Title DIRECTOR
Name PHILLIPS, GARY
Address 600 LEE ROAD
SUITE 100
City-State-Zip: WAYNE PA 19087

Title DIRECTOR
Name HOLMES, TODD
Address 600 LEE ROAD
SUITE 100
City-State-Zip: WAYNE PA 19087

Title DIRECTOR
Name DUSTER, LUKE
Address 600 LEE ROAD
SUITE 100
City-State-Zip: WAYNE PA 19087

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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: MARK STROBECK

**EXECUTIVE VP/CHIEF
OPERATING OFFICER**

05/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMILEY, ANDREA HESLIN
Address 600 LEE ROAD
SUITE 100
City-State-Zip: WAYNE PA 19087

Title DIRECTOR
Name WALBERT, TIMOTHY
Address 600 LEE ROAD
SUITE 100
City-State-Zip: WAYNE PA 19087

Title EXECUTIVE VP/CHIEF OPERATING OFFICER
Name STROBECK, MARK
Address 600 LEE ROAD
SUITE 100
City-State-Zip: WAYNE PA 19087