

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002656

Entity Name: EGALET US INC.

Current Principal Place of Business:

600 LEE ROAD, SUITE 100
WAYNE, PA 19087

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 PCEOD
Name RADIE, ROBERT
Address 600 LEE ROAD, SUITE 100
City-State-Zip: WAYNE PA 19087

Title CFO
Name MUSIAL, STANLEY
Address 600 LEE ROAD, SUITE 100
City-State-Zip: WAYNE PA 19087

Title CMO
Name DAYNO, JEFFREY
Address 600 LEE ROAD, SUITE 100
City-State-Zip: WAYNE PA 19087

Title EVP & COO
Name STROBECH, MARK
Address 600 LEE ROAD, SUITE 100
City-State-Zip: WAYNE PA 19087

Title SVP, RESEARCH & DEVELOPMENT
Name LINDHARDT, KARSTEN
Address 600 LEE ROAD, SUITE 100
City-State-Zip: WAYNE PA 19087

Title CCO
Name MELLOY, DEANNE
Address 600 LEE ROAD, SUITE 100
City-State-Zip: WAYNE PA 19087

Title CAO
Name CARLIN, BARBARA
Address 600 LEE ROAD, SUITE 100
City-State-Zip: WAYNE PA 19087

Title SVP & GENERAL COUNSEL
Name VARKI, PAUL
Address 600 LEE ROAD, SUITE 100
City-State-Zip: WAYNE PA 19087

Continues on page 2

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: BARBARA CARLIN

CHIEF ACCOUNTING
OFFICER

05/02/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

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

Title D
Name NICOLAIDES, NICHOLAS
Address 600 LEE ROAD, SUITE 100
City-State-Zip: WAYNE PA 19087

Title D
Name WEAVER, GREGORY
Address 600 LEE ROAD, SUITE 100
City-State-Zip: WAYNE PA 19087

Title D
Name FORMELA, JEAN-FRANCOIS
Address 600 LEE ROAD, SUITE 100
City-State-Zip: WAYNE PA 19087

Title D
Name OSBORN, JOHN
Address 600 LEE ROAD, SUITE 100
City-State-Zip: WAYNE PA 19087