

**2017 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

**FILED**  
**May 16, 2017**  
**Secretary of State**  
**CC3829857403**

**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 CEO, PRESIDENT, DIRECTOR  
Name RADIE, ROBERT  
Address 600 LEE ROAD  
SUITE 100  
City-State-Zip: WAYNE PA 19087

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

Title SECRETARY  
Name CARLIN, BARBARA  
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 DIRECTOR  
Name HOCHBERG, ELAINE  
Address 600 LEE ROAD  
SUITE 100  
City-State-Zip: WAYNE PA 19087

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

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

Title DIRECTOR  
Name ROCHE, JR., ROBERT P.  
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: BARBARA CARLIN**

**SECRETARY**

**05/16/2017**

\_\_\_\_\_  
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           WEAVER, GREGORY  
Address        600 LEE ROAD  
                  SUITE 100  
City-State-Zip: WAYNE PA 19087