

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003098

**Entity Name:** VELOXIS PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

2000 REGENCY PKWY STE 500  
CARY, NC 27518

**Current Mailing Address:**

2000 REGENCY PKWY STE 500  
CARY, NC 27518 US

**FEI Number: 45-0552241**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PARACORP INCORPORATED  
155 OFFICE PLAZA  
1ST FLOOR  
TALLAHASSEE, FL 32301 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            PRESIDENT, CEO, DIRECTOR  
Name            HENSLEY, MARK  
Address        2000 REGENCY PKWY STE 500  
City-State-Zip: CARY NC 27518

Title            SECRETARY  
Name            BARNARD, NOEL  
Address        2000 REGENCY PKWY STE 500  
City-State-Zip: CARY NC 27518

Title            DIRECTOR  
Name            PACKER, RICHARD  
Address        2000 REGENCY PKWY STE 500  
City-State-Zip: CARY NC 27518

Title            DIRECTOR  
Name            SAKAMOTO, SHUICHI  
Address        2000 REGENCY PKWY STE 500  
City-State-Zip: CARY NC 27518

*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 HENSLEY**

**CEO/PRESIDENT**

**04/12/2024**

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

\_\_\_\_\_  
Date