

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003954

**Entity Name:** ARATANA THERAPEUTICS, INC.**Current Principal Place of Business:**11400 TOMAHAWK CREEK PARKWAY  
SUITE 340  
LEAWOOD, KS 66211**Current Mailing Address:**11400 TOMAHAWK CREEK PARKWAY  
SUITE 340  
LEAWOOD, KS 66211 US**FEI Number:** 38-3826477**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 D  
Name BREGE, LAURA A  
Address 11400 TOMAHAWK CREEK PARKWAY  
SUITE 340  
City-State-Zip: LEAWOOD KS 66211

Title CEO, DIRECTOR  
Name ST. PETER, STEVEN  
Address 11400 TOMAHAWK CREEK PARKWAY  
SUITE 340  
City-State-Zip: LEAWOOD KS 66211

Title GENERAL COUNSEL, S  
Name AYRES , JOHN  
Address 11400 TOMAHAWK CREEK PARKWAY  
SUITE 340  
City-State-Zip: LEAWOOD KS 66211

Title D  
Name HOCKADAY, IRVINE O JR, J.D.  
Address 11400 TOMAHAWK CREEK PARKWAY  
SUITE 340  
City-State-Zip: LEAWOOD KS 66211

Title D  
Name BRINKLEY, DAVID L  
Address 11400 TOMAHAWK CREEK PARKWAY  
SUITE 340  
City-State-Zip: LEAWOOD KS 66211

Title VP, CFO, T  
Name TOOMAN, CRAIG  
Address 11400 TOMAHAWK CREEK PARKWAY  
SUITE 340  
City-State-Zip: LEAWOOD KS 66211

Title D  
Name GERBER, ROBERT B JR  
Address 11400 TOMAHAWK CREEK PARKWAY  
SUITE 340  
City-State-Zip: LEAWOOD KS 66211

Title D  
Name RAINES , MERILEE  
Address 11400 TOMAHAWK CREEK PARKWAY  
SUITE 340  
City-State-Zip: LEAWOOD KS 66211

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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: CRAIG TOOMAN****CFO****04/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name ROCHE, ROBERT P JR  
Address 11400 TOMAHAWK CREEK PARKWAY  
SUITE 340  
City-State-Zip: LEAWOOD KS 66211

Title D  
Name YARNO, WENDY  
Address 11400 TOMAHAWK CREEK PARKWAY  
SUITE 340  
City-State-Zip: LEAWOOD KS 66211

Title CHIEF SCIENTIFIC OFFICER  
Name RHODES , LINDA V.M.D., PH.D  
Address 11400 TOMAHAWK CREEK PARKWAY  
SUITE 340  
City-State-Zip: LEAWOOD KS 66211

Title D  
Name VANDER VORT , JOHN J.D.  
Address 11400 TOMAHAWK CREEK PARKWAY  
SUITE 340  
City-State-Zip: LEAWOOD KS 66211

Title CHIEF DEVELOPMENT OFFICER  
Name HEINEN , ERNST D.V.M., PHD  
Address 11400 TOMAHAWK CREEK PARKWAY  
SUITE 340  
City-State-Zip: LEAWOOD KS 66211

Title CHIEF COMMERCIAL OFFICER  
Name STEPHANUS , JULIA A  
Address 11400 TOMAHAWK CREEK PARKWAY  
SUITE 340  
City-State-Zip: LEAWOOD KS 66211