

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000003780

**Entity Name:** ARIEL PRECISION MEDICINE, INC.

**Current Principal Place of Business:**

4638 CENTRE AVE  
PITTSBURGH, PA 15213

**Current Mailing Address:**

4638 CENTRE AVE  
PITTSBURGH, PA 15213 US

**FEI Number: 81-5463369**

**Certificate of Status Desired: No**

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 CP  
Name GIBSON, JESSICA  
Address 4638 CENTRE AVE  
City-State-Zip: PITTSBURGH PA 15213

Title VC  
Name WHITCOMB, DAVID  
Address 1011 ELLSWORTH AVE  
City-State-Zip: PITTSBURGH PA 15232

Title D  
Name MOEHLE, CHRIS  
Address 4618 HENRY STREET  
City-State-Zip: PITTSBURGH PA 15213

Title D  
Name SAFFERSTEIN, HANK  
Address 2425 SIDNEY ST  
City-State-Zip: PITTSBURGH PA 15203

Title VPST  
Name MOORE, JOHN  
Address 4638 CENTRE AVE  
City-State-Zip: PITTSBURGH PA 15213

*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: JOHN MOORE**

**VP & CFP**

**01/15/2018**

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

\_\_\_\_\_  
Date