

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000005284

Entity Name: PTC THERAPEUTICS, INC.**Current Principal Place of Business:**500 WARREN CORPORATE CENTER DRIVE
WARREN, NJ 07059**Current Mailing Address:**500 WARREN CORPORATE CENTER DRIVE
WARREN, NJ 07059 US**FEI Number:** 04-3416587**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	PRESIDENT
Name	MATTHEW, KLEIN MD
Address	500 WARREN CORPORATE CENTER DRIVE
City-State-Zip:	WARREN NJ 07059

Title	SECRETARY
Name	HOLDSMAN, GABRIEL
Address	500 WARREN CORPORATE CENTER DRIVE
City-State-Zip:	WARREN NJ 07059

Title	TREASURER
Name	UTTER, CHRISTINE
Address	500 WARREN CORPORATE CENTER DRIVE
City-State-Zip:	WARREN NJ 07059

Title	DIRECTOR
Name	KLEIN, MATTHEW MD
Address	500 WARREN CORPORATE CENTER DRIVE
City-State-Zip:	WARREN NJ 07059

Title	DIRECTOR
Name	YOUNG, ALETHIA
Address	500 WARREN CORPORATE CENTER DRIVE
City-State-Zip:	WARREN NJ 07059

Title	DIRECTOR
Name	SMITH, MARY
Address	500 WARREN CORPORATE CENTER DRIVE
City-State-Zip:	WARREN NJ 07059

Title	DIRECTOR
Name	REEVE, EMMA
Address	500 WARREN CORPORATE CENTER DRIVE
City-State-Zip:	WARREN NJ 07059

Title	DIRECTOR
Name	OKEY, STEPHANIE S.
Address	500 WARREN CORPORATE CENTER DRIVE
City-State-Zip:	WARREN NJ 07059

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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: GABRIEL HOLDSMAN**SECRETARY****01/18/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STEELE,JR, GLENN D. M.D PH.D.
Address 500 WARREN CORPORATE CENTER DRIVE
City-State-Zip: WARREN NJ 07059

Title DIRECTOR
Name SOUTHWELL, DAVID P.
Address 500 WARREN CORPORATE CENTER DRIVE
City-State-Zip: WARREN NJ 07059

Title DIRECTOR
Name BELLS, WILLIAM
Address 500 WARREN CORPORATE CENTER DRIVE
City-State-Zip: WARREN NJ 07059

Title DIRECTOR
Name SCHMERTZLER, MICHAEL
Address 500 WARREN CORPORATE CENTER DRIVE
City-State-Zip: WARREN NJ 07059

Title DIRECTOR
Name JACOBSON, ALLAN
Address 500 WARREN CORPORATE CENTER DRIVE
City-State-Zip: WARREN NJ 07059

Title DIRECTOR
Name ZELDIS, JEROME B. M.D PH.D.
Address 500 WARREN CORPORATE CENTER DRIVE
City-State-Zip: WARREN NJ 07059