

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002465

**Entity Name:** AQUESTIVE THERAPEUTICS, INC.

**Current Principal Place of Business:**

30 TECHNOLOGY DR  
WARREN, NJ 07059

**Current Mailing Address:**

30 TECHNOLOGY DR  
WARREN, NJ 07059 US

**FEI Number: 82-3827296**

**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           DIRECTOR  
Name           KROP, JULIE MD  
Address        30 TECHNOLOGY DR  
City-State-Zip: WARREN NJ 07059

Title           SECRETARY  
Name           BRAENDER, LORI  
Address        30 TECHNOLOGY DR  
City-State-Zip: WARREN NJ 07059

Title           DIRECTOR  
Name           TAGLIETTI, MARCO MD  
Address        30 TECHNOLOGY DR  
City-State-Zip: WARREN NJ 07059

Title           PRESIDENT, DIRECTOR  
Name           BARBER, DANIEL  
Address        30 TECHNOLOGY DR  
City-State-Zip: WARREN NJ 07059

Title           DIRECTOR  
Name           COCHRAN, JOHN  
Address        30 TECHNOLOGY DR  
City-State-Zip: WARREN NJ 07059

Title           DIRECTOR  
Name           COSTA, SANTO  
Address        30 TECHNOLOGY DR  
City-State-Zip: WARREN NJ 07059

*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: LORI BRAENDER**

**SECRETARY**

**03/04/2024**

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

\_\_\_\_\_  
Date