

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000000675

FILED
Mar 20, 2020
Secretary of State
7341382252CC

Entity Name: ESPERION THERAPEUTICS, INC.

Current Principal Place of Business:

3891 RANCHERO DRIVE, STE 150
ANN ARBOR, MI 48108

Current Mailing Address:

3891 RANCHERO DRIVE, STE 150
ANN ARBOR, MI 48108 US

FEI Number: 26-1870780

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MAYLEBEN, TIMOTHY
Address 3891 RANCHERO DRIVE, STE 150
City-State-Zip: ANN ARBOR MI 48108

Title SECRETARY, CFO
Name BARTRAM, RICHARD
Address 3891 RANCHERO DRIVE, STE 150
City-State-Zip: ANN ARBOR MI 48108

Title DIRECTOR
Name BERKOWITZ, JEFFREY
Address 5 MORNINGSIDE DRIVE
City-State-Zip: LIVINGSTON NJ 07039

Title DIRECTOR
Name FUHRMAN, ALAN
Address 21094 S MEADOWRIDGE COURT
City-State-Zip: OREGON CITY OR 97045

Title DIRECTOR
Name GOTTO, ANTONIO
Address 1305 YORK AVE, Y-807
City-State-Zip: NEW YORK NY 10021

Title DIRECTOR
Name JANNEY, DANIEL
Address ONE EMBARCADERO CENTER,
37TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94111

Title DIRECTOR
Name MCGOVERN, MARK
Address 650 WEST AVE. PH3
City-State-Zip: MIAMI BEACH FL 33139

Title DIRECTOR
Name SHEPARD, JAY
Address 15977 GRANDVIEW AVE
City-State-Zip: MONTE SERENO CA 95030

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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: RICHARD BARTRAM

CFO

03/20/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VITULLO, NICOLE
Address 202 CARNEGIE CENTER, STE. 104
City-State-Zip: PRINCETON NJ 08540

Title OFFICER
Name GLICKMAN, MARK A
Address 3891 RANCHERO DRIVE, STE 150
City-State-Zip: ANN ARBOR MI 48108

Title DIRECTOR
Name WOODY, TRACY M
Address 217 LANCASTER DR
City-State-Zip: CHAPEL HILL NC 27517

Title OFFICER
Name HALL, ASHLEY
Address 3891 RANCHERO DRIVE, STE 150
City-State-Zip: ANN ARBOR MI 48108