

**2023 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F19000000675

**FILED**  
**Feb 28, 2023**  
**Secretary of State**  
**7546112496CC**

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

**Current Principal Place of Business:**

3891 RANCHERO DR  
STE 150  
ANN ARBOR, MI 48108

**Current Mailing Address:**

3891 RANCHERO DR  
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 DIRECTOR  
Name FUHRMAN, ALAN  
Address 3891 RANCHERO DR  
STE 150  
City-State-Zip: ANN ARBOR MI 48108

Title DIRECTOR  
Name BERKOWITZ, JEFFREY  
Address 3891 RANCHERO DR  
STE 150  
City-State-Zip: ANN ARBOR MI 48108

Title PRESIDENT/CEO  
Name KOENIG, SHELDON L.  
Address 3891 RANCHERO DR  
STE 150  
City-State-Zip: ANN ARBOR MI 48108

Title DIRECTOR  
Name WOODY, TRACY M.  
Address 431 WEST FRANKLIN STREET  
SUITE 216  
City-State-Zip: CHAPEL HILL NC 27517

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

Title DIRECTOR  
Name SHEPARD, JAY P.  
Address 3891 RANCHERO DR  
STE 150  
City-State-Zip: ANN ARBOR MI 48108

Title DIRECTOR  
Name FISCHER, SETH H.Z.  
Address 4 EMBARCADERO CENTER  
SUITE 2100  
City-State-Zip: SAN FRANCISCO CA 94111

Title DIRECTOR  
Name GOTTO, ANTONIO M. JR.  
Address 3891 RANCHERO DR  
STE 150  
City-State-Zip: ANN ARBOR MI 48108

**Continues on page 2**

*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: BENJAMIN HALLADAY**

**CFO**

**02/28/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY, GENERAL COUNSEL  
Name LOOKER, BENJAMAN O.  
Address 3891 RANCHERO DR  
STE 150  
City-State-Zip: ANN ARBOR MI 48108

Title CHIEF COMMERCIAL OFFICER  
Name WARREN, ERIC J.  
Address 3891 RANCHERO DR  
STE 150  
City-State-Zip: ANN ARBOR MI 48108

Title CFO, TREASURER  
Name HALLADAY, BENJAMIN  
Address 3891 RANCHERO DR  
STE 150  
City-State-Zip: ANN ARBOR MI 48108

Title CHIEF MEDICAL OFFICER  
Name FOODY, JOANNE M.  
Address 3891 RANCHERO DR  
STE 150  
City-State-Zip: ANN ARBOR MI 48108

Title CHAIRPERSON OF ESPERION'S  
BOARD OF DIRECTORS  
Name CARROLL, J. MARTIN  
Address 3891 RANCHERO DR  
STE 150  
City-State-Zip: ANN ARBOR MI 48108

Title DIRECTOR  
Name ROCAMBOLI, STEPHEN  
Address 3891 RANCHERO DR  
STE 150  
City-State-Zip: ANN ARBOR MI 48108