

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000001351

Entity Name: INTRA-CELLULAR THERAPIES, INC.

Current Principal Place of Business:

430 EAST 29TH STREET
NEW YORK, NY 10016

Current Mailing Address:

430 EAST 29TH STREET
NEW YORK, NY 10016 US

FEI Number: 36-4742850

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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/CEO
Name MATES, SHARON
Address 430 EAST 29TH STREET
City-State-Zip: NEW YORK NY 10016

Title TREASURER/CFO
Name HINELINE, LAWRENCE
Address 430 EAST 29TH STREET
City-State-Zip: NEW YORK NY 10016

Title SECRETARY
Name HALSTEAD, MICHAEL
Address 430 EAST 29TH STREET
City-State-Zip: NEW YORK NY 10016

Title CHAIRMAN OF THE BOARD
Name MATES, SHARON
Address 430 EAST 29TH STREET
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR
Name RIGGS, RORY
Address 430 EAST 29TH STREET
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR
Name LERNER, RICHARD
Address 430 EAST 29TH STREET
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR
Name VANNOSTRAND, ROBERT
Address 430 EAST 29TH STREET
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR
Name ALAFI, CHRISTOPHER
Address 430 EAST 29TH STREET
City-State-Zip: NEW YORK NY 10016

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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: LAWRENCE HINELINE

TREASURER/CFO

04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MARCUS, JOEL
Address 430 EAST 29TH STREET
City-State-Zip: NEW YORK NY 10016