## 2022 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

FILED Mar 21, 2022

**Secretary of State** 

5464524003CC

## Officer/Director Detail:

Title	PRESIDENT	Title	TREASURER
Name	MATES, SHARON	Name	HINELINE, LAWRENCE
Address	430 EAST 29TH STREET	Address	430 EAST 29TH STREET

City-State-Zip: NEW YORK NY 10016 City-State-Zip: NEW YORK NY 10016

TitleSECRETARYTitleDIRECTORNameHALSTEAD, MICHAELNameRIGGS, RORY

Address 430 EAST 29TH STREET Address 430 EAST 29TH STREET

City-State-Zip: NEW YORK NY 10016 City-State-Zip: NEW YORK NY 10016

Title DIRECTOR Title DIRECTOR

NameLERNER, RICHARDNameVANNOSTRAND, ROBERTAddress430 EAST 29TH STREETAddress430 EAST 29TH STREETCity-State-Zip:NEW YORK NY 10016City-State-Zip:NEW YORK NY 10016

TitleDIRECTORTitleDIRECTORNameMICHAEL, RAWLINSNameMARCUS, JOEL

Address 430 EAST 29TH STREET Address 430 EAST 29TH STREET

City-State-Zip: NEW YORK NY 10016

City-State-Zip: NEW YORK NY 10016

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: HINELINE, LAWRENCE TREASURER 03/21/2022

Electronic Signature of Signing Officer/Director Detail

Date