

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000002852

**Entity Name:** JASON PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

100 INTERNATIONAL DRIVE, 18TH FLOOR  
BALTIMORE, MD 21202

**Current Mailing Address:**

100 INTERNATIONAL DRIVE, 18TH FLOOR  
BALTIMORE, MD 21202 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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, DIRECTOR  
Name            CHARD, DANIEL  
Address        100 INTERNATIONAL DRIVE, 18TH  
                  FLOOR  
City-State-Zip: BALTIMORE MD 21202

Title            SECRETARY  
Name            JOHNSON, NICHOLAS  
Address        100 INTERNATIONAL DRIVE, 18TH  
                  FLOOR  
City-State-Zip: BALTIMORE MD 21202

Title            TREASURER  
Name            MALONEY, JAMES  
Address        100 INTERNATIONAL DRIVE, 18TH  
                  FLOOR  
City-State-Zip: BALTIMORE MD 21202

Title            VP  
Name            GROVES, JASON L  
Address        100 INTERNATIONAL DRIVE, 18TH  
                  FLOOR  
City-State-Zip: BALTIMORE MD 21202

*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:** JAMES MALONEY

**TREASURER, BY  
ANDREW GILBERT,  
ATTORNEY-IN-FACT**

**04/30/2024**

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

\_\_\_\_\_  
Date