

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000005599

Entity Name: HUMANIGEN, INC.**Current Principal Place of Business:**533 AIRPORT BLVD., STE. 400
BURLINGAME, CA 94010**Current Mailing Address:**533 AIRPORT BLVD., STE. 400
BURLINGAME, CA 94010 US**FEI Number:** 77-0557236**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORPORATING SERVICES, LTD.
1540 GLENWAY DR.
TALLAHASSEE, FL 32301 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	CEO & DIRECTOR
Name	DURRANT, CAMERON
Address	533 AIRPORT BLVD., STE. 400
City-State-Zip:	BURLINGAME CA 94010

Title	CAS
Name	TOUSLEY, DAVID
Address	533 AIRPORT BLVD., STE. 400
City-State-Zip:	BURLINGAME CA 94010

Title	CC
Name	JORDAN, EDWARD
Address	533 AIRPORT BLVD., STE. 400
City-State-Zip:	BURLINGAME CA 94010

Title	COO, CFO
Name	MORRIS, TIMOTHY
Address	533 AIRPORT BLVD., STE. 400
City-State-Zip:	BURLINGAME CA 94010

Title	CS & DIRECTOR
Name	CHAPPELL, DALE
Address	533 AIRPORT BLVD., STE. 400
City-State-Zip:	BURLINGAME CA 94010

Title	DIRECTOR
Name	BOEHM, RAINER
Address	533 AIRPORT BLVD., STE. 400
City-State-Zip:	BURLINGAME CA 94010

Title	DIRECTOR
Name	BARLIANT, RON
Address	533 AIRPORT BLVD., STE. 400
City-State-Zip:	BURLINGAME CA 94010

Title	DIRECTOR
Name	BUXTON, CHERYL
Address	533 AIRPORT BLVD., STE. 400
City-State-Zip:	BURLINGAME CA 94010

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: CAMERON DURRANT

CEO

04/09/2021

Electronic Signature of Signing Officer/Director Detail_____
Date