

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000006398

**Entity Name:** ACER THERAPEUTICS INC.**Current Principal Place of Business:**ONE GATEWAY CENTER  
300 WASHINGTON STREET SUITE 356  
NEWTON, MA 02458**Current Mailing Address:**ONE GATEWAY CENTER  
300 WASHINGTON STREET SUITE 356  
NEWTON, MA 02458 US**FEI Number:** 32-0426967**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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	DIRECTOR
Name	ASELAGE, STEVE
Address	ONE GATEWAY CENTER 300 WASHINGTON STREET SUITE 356

City-State-Zip: NEWTON MA 02458

Title	SECRETARY
Name	JOSEPH, DON
Address	ONE GATEWAY CENTER 300 WASHINGTON STREET SUITE 356

City-State-Zip: NEWTON MA 02458

Title	PRESIDENT
Name	SCHELLING, CHRIS
Address	ONE GATEWAY CENTER 300 WASHINGTON STREET SUITE 356

City-State-Zip: NEWTON MA 02458

Title	TREASURER
Name	PALMIN, HARRY
Address	ONE GATEWAY CENTER 300 WASHINGTON STREET SUITE 356

City-State-Zip: NEWTON MA 02458

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: DON JOSEPH****SECRETARY****03/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date