

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000002957

**Entity Name:** TELIX PHARMACEUTICALS (US) INC.

**Current Principal Place of Business:**

11700 EXIT 5 PKWY  
SUITE 200  
FISHERS, IN 46037

**Current Mailing Address:**

11700 EXIT 5 PKWY  
SUITE 200  
FISHERS, IN 46037 US

**FEI Number:** 82-4003948

**Certificate of Status Desired:** No

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

UNITED CORPORATE SERVICES, INC  
3458 LAKESHORE DR  
TALLAHASSEE, FL 32312 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 OFFICER  
Name PATTI, DARREN  
Address 11700 EXIT 5 PAKWY SUITE 200  
City-State-Zip: FISHERS IN 46037

Title OFFICER  
Name SMITH, DARREN  
Address 11700 EXIT 5 PKWY SUITE 200  
City-State-Zip: FISHERS IN 46037

Title SECRETARY  
Name RYAN, GENEVIEVE  
Address 11700 EXIT 5 PKWY  
SUITE 200  
City-State-Zip: FISHERS IN 46037

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:** GENEVIEVE RYAN

**SECRETARY**

**02/14/2025**

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

\_\_\_\_\_  
Date