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.

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

PRESIDENT

SIGNATURE: FLEMMING NIELSEN

Electronic Signature of Signing Officer/Director Detail

TALLAHASSEE, FL 32301-2525 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

Officer/Director Detail :

Title	DP	Title	Т
Name	NIELSEN, FLEMMING	Name	DICRISCIO, LOUIS
Address	121 RIVER STREET, SUITE 1201	Address	121 RIVER STREET, SUITE 1201
City-State-Zip:	HOBOKEN NY 07030	City-State-Zip:	HOBOKEN NY 07030
	-	T :41 a	ĥ
Title	D	Title	S
Title Name	D MARGUERRE, WOLFGANG	Title Name	S MARGUERRE, TOBIAS
	-		-

Certificate of Status Desired: No

FILED Mar 12, 2018 Secretary of State CC9222353485

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001037

Entity Name: OCTAPHARMA USA, INC.

Current Principal Place of Business:

121 RIVER STREET SUITE 1201 HOBOKEN, NJ 07030

Current Mailing Address:

121 RIVER STREET SUITE 1201 HOBOKEN, NJ 07030

FEI Number: 75-3113527

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

03/12/2018

Date