

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000001271

Entity Name: C2 THERAPEUTICS, INC.

Current Principal Place of Business:

303 CONVENTION WAY, SUITE 1
REDWOOD CITY, CA 94063

Current Mailing Address:

303 CONVENTION WAY, SUITE 1
REDWOOD CITY, CA 94063 US

FEI Number: 33-1160078

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

Date

Officer/Director Detail :

Title P
Name MEZA, PETER G
Address 303 CONVENTION WAY, SUITE 1
City-State-Zip: REDWOOD CITY CA 94063

Title CFO
Name WILLIAMS, RICK
Address 303 CONVENTION WAY, SUITE 1
City-State-Zip: REDWOOD CITY CA 94063

Title DIRECTOR
Name WOODS, DAVID
Address 303 CONVENTION WAY, SUITE 1
City-State-Zip: REDWOOD CITY CA 94063

Title DIRECTOR
Name BOTTERO, GERRY
Address 303 CONVENTION WAY, SUITE 1
City-State-Zip: REDWOOD CITY CA 94063

Title DIRECTOR
Name KISHI, TOMOKAZU
Address 303 CONVENTION WAY, SUITE 1
City-State-Zip: REDWOOD CITY CA 94063

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: RICK WILLIAMS

CFO

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date