

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000001510

Entity Name: LANNETT COMPANY, INC.

Current Principal Place of Business:

9000 STATE ROAD
PHILADELPHIA, PA 19136

Current Mailing Address:

9000 STATE ROAD
PHILADELPHIA, PA 19136 US

FEI Number: 23-0787699

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 DRABIK, DAVID
Address 1150 NORTHBROOK DRIVE, SUITE
155
City-State-Zip: TREVOS PA 19053-8449

Title DIRECTOR
Name FARBER, JEFFREY
Address 1150 NORTHBROOK DRIVE, SUITE
155
City-State-Zip: TREVOS PA 19053-8449

Title DIRECTOR
Name CHAPMAN, JOHN
Address 1150 NORTHBROOK DRIVE, SUITE
155
City-State-Zip: TREVOS PA 19053-8449

Title CFO
Name KOZLOWSKI, JOHN
Address 1150 NORTHBROOK DRIVE, SUITE
155
City-State-Zip: TREVOS PA 19053-8449

Title DIRECTOR
Name REWOLINSKI, V. MELISSA
Address 1150 NORTHBROOK DRIVE, SUITE
155
City-State-Zip: TREVOS PA 19053-8449

Title DIRECTOR
Name LEPORE, G. PATRICK
Address 1150 NORTHBROOK DRIVE, SUITE
155
City-State-Zip: TREVOS PA 19053-8449

Title DIRECTOR, CEO
Name CREW, C. TIMOTHY
Address 1150 NORTHBROOK DRIVE, SUITE
155
City-State-Zip: TREVOS PA 19053-8449

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: TIMOTHY C. CREW

CEO

04/22/2022

Electronic Signature of Signing Officer/Director Detail

Date