2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000003582

Entity Name: EBB THERAPEUTICS, INC.

Current Principal Place of Business:

333 ALLEGHENY AVENUE, SUITE 201

OAKMONT, PA 15139

Current Mailing Address:

333 ALLEGHENY AVENUE, SUITE 201 OAKMONT, PA 15139 US

FEI Number: 26-3719257 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Apr 29, 2019

Secretary of State

4806793740CC

Officer/Director Detail:

Title CEO Title CFO/VP OF FINANCE/SECRETARY

SPENCE, DON RIPPOLE, DAMIAN Name Name

2555 SMALLMAN STREET Address 2555 SMALLMAN STREET Address

City-State-Zip: PITTSBURGH PA 15222 PITTSBURGH PA 15222 City-State-Zip:

Title **VP - ENGINEERING** Title CHIEF MEDICAL OFFICER

Name SCHIRM, JEFF NOFZINGER, ERIC A MD Name

Address 2555 SMALLMAN STREET Address 2555 SMALLMAN STREET PITTSBURGH PA 15222 City-State-Zip: PITTSBURGH PA 15222 City-State-Zip:

Title **VP - SALES** Title ASSISTANT SECRETARY

Name THWAITS, BARRY

KIM. EDWARD Y Name

Address 2555 SMALLMAN STREET Address 2555 SMALLMAN STREET City-State-Zip: PITTSBURGH PA 15222 PITTSBURGH PA 15222 City-State-Zip:

Title **VP - MARKETING**

RICHARD, RON Name 2555 SMALLMAN STREET

PITTSBURGH PA 15222 City-State-Zip:

Address

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: DAMIAN RIPPOLE

CHIEF FINANCIAL **OFFICER**

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date