

**2020 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

**Officer/Director Detail :**

Title	CEO	Title	CFO/VP OF FINANCE/SECRETARY
Name	SPENCE, DON	Name	RIPPOLE, DAMIAN
Address	2555 SMALLMAN STREET	Address	2555 SMALLMAN STREET
City-State-Zip:	PITTSBURGH PA 15222	City-State-Zip:	PITTSBURGH PA 15222
Title	CHIEF MEDICAL OFFICER	Title	VP - ENGINEERING
Name	NOFZINGER, ERIC A MD	Name	SCHIRM, JEFF
Address	2555 SMALLMAN STREET	Address	2555 SMALLMAN STREET
City-State-Zip:	PITTSBURGH PA 15222	City-State-Zip:	PITTSBURGH PA 15222
Title	ASSISTANT SECRETARY	Title	VP - SALES
Name	KIM, EDWARD Y	Name	THWAITS, BARRY
Address	2555 SMALLMAN STREET	Address	2555 SMALLMAN STREET
City-State-Zip:	PITTSBURGH PA 15222	City-State-Zip:	PITTSBURGH PA 15222
Title	VP - MARKETING		
Name	RICHARD, RON		
Address	2555 SMALLMAN STREET		
City-State-Zip:	PITTSBURGH PA 15222		

*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**

**05/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date